Every Item of Information should be carefully supplied ACE should be expected try.	CIANS should state OAUSE OF DEATH in plain terms so that it may be properly	statement of OCCUPATION is very important. See instructions on hack of contributions
ACE should	that It may	tions on bac
pellaans /	n terms so	See Instruc
be carefully	ATH In plai	/ Important.
tion should	AUSE OF DE	TION is very
of Informa	ould state O.	of OCCUPA
Every lien	CIANS sh	statement

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Anne Arundel 90 Registration Dist. No. Crownsville State Hospital -- Ward) (If death occurred in a hospital or institution, give its NAME in-Mollie Adams stead of street and number.) ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE. MARRIED. Single WIDOWED Colored Female OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH October 29 19215 unknown 876 that I last saw h er alive on April (Month) (Day) (Year) and that death occurred on the date stated above, at 12 . 05pm. 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. 46 unknown de or min. ? Aortic Insufficiency 8 OCCUPATION (a) Trade, profession or Cook particular kind of work..... (b) General nature of industry business, or establishment in Unknown which employed or (employer)..... Contributory 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Unknown 4922 (Address) Crownsville, Md. 11 BIRTHPLACE ENT OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (State or country Unknown AR 12 MAIDEN NAME OF MOTHER Unknown 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE At place 6 In the (State or country) Unknown Life mos Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?... Hospital Records Baltimore City 19 PLACE OF BURIAL OR REMOVAL ... TE OF BURIAL 20 UNDERTAKER ADDRESS Registrar M. more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

Laborer, Furm laborer, Laborer-Coal mine, etc. Woinon at home, who are eugaged in the duties of the er," etc., whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) Housemaid; etc. worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. But hi many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term ou or At Home, and children; not gainfully cmwithout more precise specification as Day For persons who have no occupation If the occupation has been chauged The material

Statement of Cause of Death—Name, first, the bis EASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ferm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably sulcide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemic," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uracmia," "Weeknes.," etc., when a definite disease rhage," "Inantiion." "Marasmus," "Old Age," "Shock," "Dropsy," "Buhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unlers important. Example: Measles (secondary or intercurrent) affection need not be vulsions," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "Debility" Accidental drowning; Struck by railway cough; Never report mere symptoms or terminal Chronie valvular heart discase; ("Congenital," "Scnile," etc.), (Recommendations on state-Always qualify all The contributory "Coma," "Con-"Hacmor-(merely (disease (second-

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. Ill the data is essential and must be obtained before the certificate is permanently filed.

N. B.

02

	PLACE OF DEATH	2009	9	STATE OF M	
C	County a · a	331.2	32 C	ERTIFICATE	OF DEATH
			00	Registration	Dist. No. Z
Vill	age or City Amsufrolia (No. 208, C	OLIMI S	it.; 4 Ward)	(If death occurred in a hospital or institu- tion, give its NAME in-
	2 FULL NAME Frank	& ada	loson		stend of street and number.)
	PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL	CERTIFICATE	OF DEATH
3 5		ED, Marriell ORCED	6 DATE OF DEATH	pril (Month)	28 , 1(22 (Year)
6 D	ATE OF BIRTH	Lae word)	apr. 29	192. 2, to	tandad tha decaasad from
	(Month) (Di	av) (Year)	hat I hast saw h		Afr. 29, 1922
7 A		If LESS than	nd that death occurred ha CAUSE OF DEATH		d above, at
	& 2 yrs. mos.	I daynrs.		Mersine	ilio
	CCUPATION a) Trade, profession or	64	(Tarbers	ular !	(>)
-	articular kind of work. A. A. A. A. C.		***************************************		
O b	usiness, or establishment in thich employed or (employer)	ward .	•••••	(Duration)	yrsmosde.
_	(State or country)	mal.	Contributory Secondary	tulo mil	apraham 4
	10 NAME OF FATHER	Spean	Signed)	Willie Is	1 autin M.D.
STNE	11 BIRTHPLACE OF FATHER (State or country)	solis me		(Address)	or in deaths from ury and (2) whether
PARE	12 MAIDEN NAME OF MOTHER MASTha	orldes m	LENGTH OF RESID	ENCE (For Hosp	itals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	elis and A	t place death yis mos	In the	e
14 7	HE ABOVE IS TRUE TO THE BEST OF MY	KNOWLEDGE if	here was disease contracted not at place of death?	ž.	
	(Informant) weeth D. Ma		ermer or sual residence		
	(Address) 22 Mashing	Con 1 1.	PLACE OF BURIAL	OR REMOVAL	Marie of Burial
15 F	iled april 29 1922 France	C. Joyano	UNDERTAKER		ADDRESS
		Registrar	Anchin Al	Warriel	anna de de

Memore blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

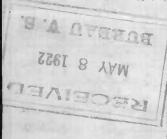
(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of ilmess. If retired from whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISLASE CAUSING BEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer Coal mine, etc. Wom-Never return "Laborer," "Fereman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mitt; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-, For many occupations a single word or or At Home, and children, not gainfully em-For persons who have no occupation But in many The quies-Crocery; term on

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Bpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonda, Bronchopneumonia ("Pneumonia.")

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the and qualify as accidental, suicidal, or homicidal, or ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. train—accident; Revolver wound of head-homicide; Examples: Accidentat as probably such if impossible to determine definitely. State cause for which surgical operation was under-"Puerpieral septionemia," "Puerreral poritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes ." etc., when a definite discase rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Eth-usticn," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 de.; Bronchopneumonia stated unless important. Chronic interstition nephritis, use of "Tumer" for malignant neoplasms); vulsions," inges, perilonacum, etc., unqualified, is indefinite); Puberculosis of lungs, men-(secondary or Whooping cough; Chronic_valvular (name origin; "Cancer" For "Debility" VIOLENT DIATHS State MEANS OF INJURY intercurrent) affection need not be drowning; ("Congenital," "Senile," etc.), (R'commendations on state-Carcinoma, Surcoma, etc., of Example: Measles etc. The is less definite; avoid Struck by railway Always qualify all heart "Coma," contributory Mensles; (merely (disease (seeonddiscase; "Con-

If this certificate is lacked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is rermanently filed.



PLACE OF DEATH	STATE OF MARYLAND
(1-(1-1 200)	CERTIFICATE OF DEATH
County 390	(118-0)
C- 00 -60	Registration Dist. No.
amen aven	St.: Ward) (If death occurred in
Village or City (No,	a hospital or institu-
Collen Tinda T	a hospital or institu- tion, give its NAME in- stead of street and
2 FULL NAME WOULD TO STUDIO 18	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED Single	1922
HEMI- VOI- (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
ACR 01- 0-117	1922, to 192,
25 184/1	that I last saw handlive on of the thing, 192 2,
(Month) (Day) (Year)	and that death occurred on the date stated above, at 6 7 m.
If LESS than	The CAUSE OF DEATH & was as follows:
74 3 ldayhrs.	The CAUSE Of DEAth 2, was as follows:
	Sware whole & Clambel and
8 OCCUPATION (a) Trade, profession or	VIIIV Jacobs Comment
particular kind of work	nerna
(b) General nature of industry	about 14.
business, or establishment in which employed or (employer)	(Duration) yra mos tde.
9 BIRTHPLACE	Contributory
(State or country) ToronoRe (ile Mo)	(Duration) Wis mos de
1 10 NAME OF ON	March - an Muray
FATHER FLEMMY ShrivENS	(Signed) M. D.
9 11 BIRTHPLACE	4. 4. (Address) (Address)
OF FATHER (State or country) POCOMOGR City Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
OF FATHER (State or country) Common City Mde 2 MAIDEN NAME OF MOTHER OF MOT	Accidents, Suicidal or Homicidal.
of MOTHER SMAAM DICKSON	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	lents, or Recent Residents)
OF MOTHER (State or country) To Comore Cile Md	At place of death yrs mos da. State, yrs mos de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Pare 12 fet.	Former or
(Informant) (100 1) ank	usual residence
Cambiavols Ind	19 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL
(Address) Variation (17)	My fion (Eml. 1916) 4 , 4 1 19 32
15 Oct 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 UNDERTAKER ADDRESS
Filed 1922 4 74 C. 407 a m	En fl 12 for 199 1/8/1 01
U Registrar	0119 101101 117 11081 81
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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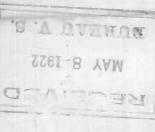
(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing neath Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruunt, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom. worked on may form part of the second statement (a) Foremun, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary premen, etc. But in many Physician, Compositor, Architect, Locomotive cugincer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee or quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by curbolic acid-probably suicide. The na train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia:""Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknese." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart vulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated nuless important. inges, poritonucum, etc., Curcinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes "Anaemia" failure," "Hacmorterminal (second-(discase not be

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1

PLACE OF DEATH	STATE OF MARTLAND
County 2 2 3904	CERTIFICATE OF DEATH
County	A Registration Dist. No.
-10- 100	Registration Disc. 140.
Village or City anscholes (No/80, L	St; Ward) (If death occurred in
	a hospital or institu- tion, give its NAME in- stend of street and
104111111111111111111111111111111111111	stend of street and number.)
² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX' 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
WIDOWEDY	(Month) (Day) (Year)
male White OR DIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	21
plue 13. 935	1922, to light, 1922,
	that I last saw h 1/2 alive on After 1 57 , 192 2
(Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than	The CAUSE OF DEATH & was as follows:
46 yrs. 3 mos. 7 8 ds or min. 7	
8 OCCUPATION	
(a) Trade, profession or	
particular kind of work	
business, or establishment in	(Duration)yrsmos de.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
(State or country) maryland alicy	(Duration)yremosde.
16 NAME OF FATHER ON A A A	(Signed) Musply M. D.
18 alon 10 asic	11 11 mm will Dinas und Ma Ind
11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, it deaths from
(State or country)	Violent Causes, state (1) Means of Injury; and (2) whether
C 12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a Mikowan	lents or Recent Residents)
13 HIRTHPLACE OF MOTHER	At place In the
(State or country)	of death yrs mosda. State,yrsmosda. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) The Mewlow	Fermer or usual residence.
the same of the state of the same	19 PLACE OF BURIAL OR REMOVAL D. TE OF BURIAL
- (Address) 40 lolo 200	14 0 121 7 1040016 14
15 01 10 9	Mentery work 19.2.
File Whill 2492 2 Frang G. C. Toy eng	DOUNDERTAKER COLORESS
Registrar	13 L Hopping ampoint
If more blanks are needed, address State Registrar	. 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and consehead of "contributory." Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or momicidal, or taken. For violent deaths state means of injury State cause "Purperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes..." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. use of "Tumor" for malignant neoplasms); Meastes; vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, men-Whooping (secondary or intercurrent) affection need (e. g., scpsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart discase; for which surgical operation was under-Never report mere symptoms or (Rocommendations on state-Carcinoma, Sarcoma, etc., of Example: Measles The contributory (disease (merely not be

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Exa
N. BEvery item of information should be carefully supplied ACE should be stated EXACTLY, PHYS CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back-of-certificate.
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C		of DEATH		3905	4 -6	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villa		L NAME	Camala T	e State Ho	spital	St.; Ward) (If death occur a hospital or l tion, give its NA stend of stree number.)
MARCH	PERSON	IAL AND ST	ATISTICAL PAR	RTICULARS	MED	PICAL CERTIFICATE OF DEATH
3 8	ex Female	Color		ED, Single	16 DATE OF DEA	April 29 (Month) (Day) (Y CERTIFY, That I attended the decease
	ATE OF BIR		unknowr (Month) (I	1 , 1 850 (Year)		er alive on April 28 curred on the date stated above, at 2.1
7 AG		72 VI	unknown	If LESS than I dayhrs.	The CAUSE OF DI	EATH % was as follows: Arteriosclerosis
bı w	usiness, or ea		1	<u> </u>	Contributory Secondary	(Duration) 2yrs. 9mos.
	10 NAME O FATHEI	F	George I	Bassett	(Signet) 29 o	22. (Address) Crownsville. Mo
ENTS	11 BIRTHP OF FAT (State		Maryland	1	*State the	Disease Causing Death, or, in deaths f state (1) Means of Injury; and (2) whe
PAR	12 MAIDEN OF MOT	NAME HER	Unknown		Accidental, Suic	cidal or Homicidal. RESIDENCE (For Hospitals, Institutions,
	18 BIRTHP OF MOT (State		Maryland	1	At place 2 yrs. 9	mos. 5. da. In the State, Life. mos.
	(Informant)	Ho	THE BEST OF MY Spital Rec		daddi i calarii c	Vorcester County
15					VILLED .	

(Approved by U. S. Census and Americau Public Health Association.)

laborer, Farm laborer, Laborer-Coal mine, etc. Womhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House Housemaid, etc. worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the oeeupation has been changed The material

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia")

head of "contributory." (Recommendations on statement of cause of death approved by Committee on quenees (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The na-Nomenclature of the American Medical Association.) ture of the lujury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent neaths state means of injury State eause for which surgical operation was under-"Puerpiral septicaemic," "Puerpiral peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all eonditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal "Uraemia," "Wegknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." symptomatie), "Atrophy," "Collapse," "Coma," "Coneausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (seeondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tubcrculosis of lungs, men-Whooping cough; .. (name origin; "Cancer" is less definite; avoid "Debillty" Chronic valvular heart disease; ("Congenital," "Senile," etc.), (disease (second-

If this cartificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County 2 3906	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City annapoler (No. 3) 1 2 FULL NAME Learnel 30	Resistration Dist. No. Resistration Dist. No. St.; Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUSICAL WIDOWED OR DIVORCED (Write the word)	(Month) (Day) 162 2 (Day)
Seft 28 1862	that I last saw h Im alive on A pul. 2.7 th. 192. 2
7 AGE (Month) (Day) (Year) If LESS than I dayhrs. yrsmosds.ormin.?	The CAUSE OF DEATH : was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Sixweeks
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) a down of the country of the count	Contributory (Duration) Contri
11 BIRTHPLACE OF FATHER A A A LI CONTROL OF FATHER	(Signed) M.D. (Address) (Address) (Address) (Signed) (Address) (Ad
12 MAIDEN NAME CONTROLL Richard	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) a la co- on	At place of death yrs, mos. da. In the State, yrs. mos. de. Where was disease contracted,
(Informant) A COS	if not at place of death?
(Address) Commapolis mod	Bruner Hell afrid 30, 1920
Filed 1922 For Collegistrar If more blanks are needed, address State Registrar.	B Hoffing Connection 16 W. Saratoga St., Dec., Dequesting V. S. No.

REVISED ERTIFICATE OF UNITED STATES STANDARD DEATH

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (r state occupation at beginning of illness. If retired from Whatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseto report specifically the occupations of persons enployed, as At school or At Lome. Care should be taken household only (not paid Housekeepers who receive a en at home, who are eugaged in the duties of the er, Lete, without more precise specification as Day laborer. Form laborer, Laborer—Ceal mine, etc. Wom-Never return "Laborer," "Torchunn," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumentd") spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cercurospinal to time and causation), using always the same accent-Lobar pncumonia, Statement of Cause of Death-Name, first, the pis-(the only definite synonym is "Epidemic eerobjo-Bronchopneumonia ("Pneumonia,"

> ment of eause of death approved by Committee on head of Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbalic acid-probably suicide. The naas probably such, if impossible to determine definitely. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicaemia" "Puerperal poritonitis," etc. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "E-haustion," "Heart failure," symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal vulsions," eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY the injury, as fracture of skull, and conse-"contributory." "Debility" ("Congenital," "Senile," etc.), (Rrcommendations on state-Always qualify all "Coma," "Con-"Haemor-Measles; (disease (merely (second-

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence.

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[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc.. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ago. write None. Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part statement. Never return "Laborer," At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Branchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

mus," "Old Age," "Shock," "Ursemia," "Weakness," cough: Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... BUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "Hear failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (mcrely symptomatic), "Atrophy, layer" "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. read-affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic "PUERPERAL peritonitis," etc. cause. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) tc., when a definite disease can be ascertained as the or miscarriage as "Puenperal septichaemia," by railway train-accident; Revolver wound Always qualify all diseases resulting from child-'etc. The contributory (secondary or intercur-"Senile," etc.), "Dropsy," "Exhaustion, State cause for which Never report mere "Atrophy," "Colacid-probably ("Con-

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1 PLACE OF DEATH County Aure Arundel 390.8	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Clumppolis (No. Curryl 2 FULL NAME Caltherine Br	Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	april 1922, to april 1927. that I last saw how alive on april 1927.
7 AGE If LESS than 1 day 8 hrs. yrs. mos. ds. oy 2 0 min. ?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 1/2 de
10 NAME OF PATHER John J. Srown 11 BIRTHPLACE OF FATHER (State or country) 2 (State or country) 2 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Signe
12 MAIDEN NAME OF MOTHER THOSE WILLSCHAFT GROWN 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE & TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place In the Of death yrs. mos. da. State,yrs mos ds. Where was disease contracted, if not at place of desth?
(Informant) This & Brown (Address) learnel Hall amopology)	Former or usual residence
Filed ful 1922 frag 4 C. Registrar Registrar Tomore blanks are needed, address State Registrar,	16 W. Saratoga St., Bayo., Keguesting V. S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. ('ensus and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (re state occupation at beginning of liness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in Comestie service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered a. Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) to report specifically the occupations of persons enworked on may form part of the second statement (a) Foremun, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applie: to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em-Furm laborer, Laborer-Coal mine, ctc. Wom-8118.). without more precise specification as For persons who have no occupation

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia. ("Pneumonia,")

quences (e.g., sepsis, tetanus) may be stated under the use of "Tumor" for malignant neoplasms); Measles; ng... peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menrhage," "Inanition." "Marasmus," "Old Age," "Shock," vulsions," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia ment of cause of death approved by Committee on Poisoned by carbolic acid—probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal sepiticaemia,""Puerperal peritonitis," diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," stated unless important. Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvulur heart Nomenclature of the American Medical Association.) (secondary or intercurrent) affection need of the injury, as fracture of skull, and conseof "contributory." (Recommendations on state-FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), Example: Mcastes Struck by railway "Coma," (second-(merely (disease not be "Con-

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PLACE OF DEATH

County Ame Arundel 3909	CERTIFICATE OF DEATH Registration Dist. No. 22
Village or City Gambrills (No. Cold mea	a nospital of institution, give its HAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE MARRIED, Named WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH ON (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
October 20 (Month) (Day)	1921, to 1922 that I last saw her alive on april 5, 1922
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, et 35 m. The CAUSE OF DEATH * was as follows: Carcinomic of Breast (Left)
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Question) Z yrs. mas - do Contributory Detastes of to brain the prays of
Some Sounder County Danyland 10 NAME OF FATHER Abner Linthicum	(Signed) MINCLUS PHURATION TO M. O.
State or comments thicum Heights Ma 12 Maiden Name of Mother	State the DIBEASE CAUSING PORTED TO THE CONTROL OF THE CATSES, STATE (1) MEANS OF INJERY; and (2) whether ACCIDENTAL. SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BI ATHPLACE OF MOTHER CEASE OF CONTINUE AT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At piece In the of death
(Informant) Villiam Frantas Burgess (Hustand Tambrills Try f.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL O d 28 / AL O D AL DATE OF BURIAL
Flice If I 1982 It L. Jones Depy Horal REGISTRAN	20 UNDERTAKER , JADDRESS , LOIW Fruits

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

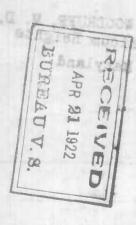
write None business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Hensework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Forman," "Manager," "Dealer," etc., without more precise specification as Day luborer, Feam laborer, Laborer mill; (a) Salosman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. mobile factory. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causation of the primary affection with respect to time and causation), using always the same accepted town for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchapneumonia of lungs, meninginal meningitis is indefinite); Tuberculosis of lungs, meninginal



on Nonienclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drawning. suicidal, or homicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL peritonilis," etc. State cause for which birth or miscarringe as "Pumperal septishaemia," "Heart failure," "Hacmorrhage," "Inanition," "Maras mus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthonia," chopneumonia (secondary), 10 ds. Never report mere "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . cause. etc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valeular heart disease; Chronic interstition (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child "Coma," "Senile," etc.), The contributory (secondary or intercur "Convulsions," by carbolic acid-probably "Dropsy," "Debility" "Atrophy," "Exhaustion, important. wound ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond tence. All the data is essential and must be obtained before the certificate is permanently filed.



County a. A. 39	10 CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Amagashis (No. 34 2 FULL NAME Albert a	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Bry Color or RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	apr. 2 1929 to Jay 23, 1922
(Month) (Day), 19	that last saw h sere alive on for 13., 192.
7 AGE If LES I day	The CAUSE OF DEATH was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) from ds
9 BIRTHPLACE (State or country) (State or country)	Contributory Malumana Secondary (Duration)
10 NAME OF FATHER Albert Carbens	(Signed) Miller Marker M. D.
11 BIRTHPLACE OF FATHER (State or country) Annuholis one	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Indry; and (2) whether
12 MAIDEN NAME OF MOTHER MANCEY Darsey	Accidental, Suicidal or Homicidal. 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Amapolis on	At place In the of death yrs. mos. da. State
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	Where was disease contracted, if not at place of death?
(Informant) & Buy h D Warnin	Fermer or usual residence.
(Address) 27 Washington ST	Source Bottom Atril 2. 1922
Filed first 24 192 2 July C. Register	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Re-	Joeph Lilvarney annuboral

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., without more precise speciments without laborer, Farm laborer, Laborer—Ceal mine; etc. Womto report specifically the occupations of persons cnwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. worked on may form part of the second statement. (a) Foremun, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locanotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary foremen, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative healthtion applies to each and every nerson, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on As examples: (a) The ques-

Statement of Cause of Death—Name, first, the precase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic eerebrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumoula,"

ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Nomenciature of the American Medical Association.) Poisoned by carbol'e acid-probably suicide. The na-Examples: Accidental drowning; Struck by railreay as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL sepitenemia," "PUERPERAL peritonitis," etc. diseases resuiting from childbirth or miscarriage as can be ascertained or the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anacmia" "Uraemia," "Weaknes." etc., when a definite disease "Dropsy," "Erhaustien," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. stated unless important. vulsions," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. use of "Tumor" for malignant ueoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Fuberculosis of lungs, men--accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or (R commendations on state-Example: Measles (disease The contributory termiual (second-(merely

If this erificate is looked over thoroughly and all questions are world in decat, it will prevent further correspondence. If the data is essential and must be obtained before certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...... Ward) (If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I attended the deceased from and that death occurred on the date atated above, at .. The CAUSE OF DEATH & was as follows:

.. 192. L. (Address) frankles. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State, yra..... mos......da.

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthlaborer, Farm laborer, Laborer-Coal mine, etc. Womsary to know (a) the kiud of work and also (b) the state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not pald Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) Civil engineer, Stationary firemen, etc. But in many business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avold use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the DIS-

> ary), 10 ds. Never report mere symptoms or terminal Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, pertionacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Astheuia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. discases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or Intercurrent) affection need Whooping cough; Chronic valvular heart disease; quences (e.g., sepsis, tctanus) may be stated under the train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on (name orlgin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," ctc.), (Recommendations on state-Example: Meastes (disease etc. The contributory (second-(merely

tions answered in detail, it will prevent further correspondonce. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.

Village or City Jaubrills (No. St.; Ward) PERSONAL AND STATISTICAL PARTICULARS SEX PERSONAL AND STATISTICAL PARTICULARS SEX 1 COLOR OR RACE SINGLE, MARKHED MANUEL Wildow, give the NAME in Bumber.) MARKHED MANUEL MARKHED MANUEL (Month) (Day) (Year) TAGE If LESS than I dayhrs. MEDICAL CERTIFICATE OF DEATH 192		PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MAINTED MAINTENED MAINTE	C	Sounty Curr Curract 3912	(74-a) 5,/
2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, MARKI	Vill	lage or City Oaumels (No	St; Ward) (If death occurred in
3 SEX MARKIND		2 FULL NAME William C	a hospitul or institu- tion, give its NAME in- stead of street and
MARKHIED MANUEL (Month) (Day) (Year) (Write the word) (Day) (Year) (Month) (Day) (Year) (Address) (Sand) (Sa		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
THEREBY CERTIFY THAT I attended the deceased from Makh 13 1927, to 1927 that I last saw h. 175 alive on Africa		nale negro MARRIED, manual WIDOWED OR DIVORCED	(Month) (Day), 192 2 (Year)
If LESS than dayhrs.	6 D	march 1853	March 13, 1922, to april 1, 1922 that I last saw h 124 alive on april 1, 1922
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF Julian Carler 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOGRAFUL Matthews 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE (Informant) (Address) (Addre		If LESS than ! dayhrsds. ormin. ?	
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE (Informant) (Address) (Address) Contributory Secondary Mullion (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Address) (Signed) (Address) (Addre	(e p: (b	a) Trade, profession or articular kind of work. b) General nature of industry usiness, or establishment in	Duration) yrs. mos. /8 ds
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 13 BIRTHPLACE OF MOTHER (State or country) A. Armadel Co. 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE (Informant) A CAMBER OF MY KNOWLEDGE (Address) A PLACE OF BURIAL OR REMOVAL A TATE OF BURIAL (Address) A PLACE OF BURIAL OR REMOVAL A TATE OF BURIAL	-	(State or country) Mary land,	Secondary Multivoror Course of Myrs. Color ds
(State or country) (At place of death or country) (State or country) (State or country) (At place of death or country) (Informant) (In	F	11 BIRTHPLACE	Pro 2 1922 (Address) Sambrille Mo
ients, or Recent Residents) At place of death yrs	ARE	(State or country) While Ununded Co.	Violent Causes, state (1) Means of Injury; and (2) whether
(Informant) (Informant) (Address) (A		OF MOTHER	At place In the of deathyrsmosda, State,yrsmosda
(Informant) 40 0 usual residence. (Address) 9 PLACE OF BURIAL OR REMOVAL 1 TATE OF BURIAL (Address) 43 25	14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	15	O Chan bricks B West	usual residence.
Filed 1922 Registrar 20 UNDERTAKER ADDRESS Registrar 2. V. Weerus Son Wale gloug It more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. 9		Registrar	R.J. Willeams Now Walestry

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entire to Housewife, Houseadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at 'eginning of illness. If retired from or given up on account of the DISEASE CAPSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of person ployed as it school or it home. Care should be taken household only (not paid Howekeepers who receive a on at noth; who are engage in the duties of the laborer. Farm laborer, Laborer-Coal mine, etc. Womer," cte,, without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in inclus rial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The queswhatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or it Home, and children, not gainfully em-As examples: (a)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." quenees (e. g., sepsis, tolanus) may be stated under the stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was under discases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanitiou." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," "Coma," conditions, ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia Nemenclature of the American Medical Association.) meut of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The naand qualify as Accidental, Suioidal, or Homicidal, or "PUERPERAL seplicaemia." "PUERPERAL peritonitis," "Uraemia," "Weakuess." etc., when a definite disease vulsions," (secondary or intercurrent) affection need Chronic interstittal nephritis, etc. The contributory Whooping cough; Chronic valvular heart discase; For . (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Scnile," etc.) such as "Asthenia," "Anaemia" VIOLENT DEATHS State MEANS OF INJURY (Recommendations on state-Measles; (discase terminal (second-(merely not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, F ly classified. icate. Registration Dist. No. ECORD .. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE pe WIDOWED may h OR DIVORCED (Month) (Day) on b BINDING (Write the word) HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH instructions (Month) (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than FOR supplied The CAUSE OF DEATH & was as follows: terms I day hrs. or......min. ? 99 8 OCCUPATION (a) Trade, profession or S plain particular kind of work mportant. (b) General nature of industry business, or establishment in __ which employed or (employer)..... Contributory. 9 BIRTHPLACE (State or country) RGIN very 0 10 NAME OF FATHER 0 formation state CAUSE 11 BIRTHPLACE FNE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suleidal or Homleidal. (State or country) 0 12 MAIDEN NAME 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE 50 At place OF MOTHER 0 (State or country) of death yrs. . . mos. . . . da. State, yrs. mos. da. 0 of shoul Where was disease contracted, 14 THE ABOVE IS TRUE TO if not at place of death?... statement Former or usual residence... (Informant) (3) EVery 19 PLACE OF DYRIAL OR REMOVAL TATE OF BURIAL 20 UNDERPAKER ADDRESS Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

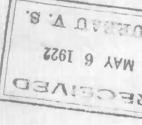
(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yers.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer er," etc., without more precise specification as Day Never peturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (u) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, eupation is very important, so that the relative health cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc For many occupations a single word or term on -Coal minc, etc. Wom-But in many The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." quences (e. g., sepsis, letanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. use of 'Tumor' for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," "Uraemia," "Weaknes:" etc., when a definite disease vulsions." Chronic interstitial nephritis, etc. The contributory (name origin; "Caneer" is less definite; avoid Whooping cough; Chronic valvular heart discose; (secondary or intercurrent) affection need not be "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles "Anaemia" Moasles; (disease terminal (second-(merely etc.

If this certificate is lo-ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BINDING

RESERVED

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED. MARRIED. MAC WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Month) (Year) 7 AGE If LESS than I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work is very important. (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER RENTS 11 BIRTHPLACE (State or country 12 MAIDEN NAM PA OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Address) 15

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

St: Ward) (If death occurred in

Olark.	tion, give its NAME instead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	
May 1 1927 to	ended the deceased from
that I last saw h M. alive on . Th.	il 17 , 1922
and that death occurred on the date stated	above, at 5,40 R.m
The CAUSE OF DEATH & was as follows:	
Ohrome Saler	Elelen
Alphulu	<i>A</i>
(Duration)	yrsds
Contributory Secondary	•••••••••••••••••••••••••••••••••••••••
(Signed Therein)	mos. / de
Chulp 1927 (Address) Ll	to Decree
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju- Accidental, Suicidal or Homicidal.	or, in deaths from ary; and (2) whether
18 LENGTH OF RESIDENCE (For Hospi lents, or Recent Residents)	itals, Institutions, Trans-
At place In the of death yrs mos da, State	.,
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	CARE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of Illness. If retired from whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womadditional line is provided for the latter statement; it Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neees-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Preelse statement of ocete., applies to each and every person, irrespective of or At Home, and ehildren, not gainfully em-For many occupations a single word or term on without more precise specification as Day

Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avold use of "Croup";); ed term for the same disease. Examples: Cerebrospinal to time and eausation), using always the same accept. EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemie eerebro-Statement of Cause of Death-Name, first, the bis

> ment of eause of death approved by Committee Novemelature of the American Medical Association.) head of "eontributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and eonse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impo sible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemit:""Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained at the cause. rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Ethaustian," "Heart failure." "Haemorsymptomatie), "Atrophy," "Collapse," conditions, ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopncumonia stated unless important. "Uraemia," "Weeknes" etc., when a definite disease vulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc.. of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," Example: Measles "Anaemia" Always qualify all "Coma," Measles; (seeond-(disease (merely

thins answered in detail, it will prevent further correspond-eace. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed

YAM

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PLACE OF DEATH	STATE OF MARYLAND			
3915	CERTIFICATE OF DEATH			
County	Registration Dist. No.			
Village or City Vaui on Vill	St.: Ward) (If death occurred in			
2 FULL NAME William H &	A hospital or institu- tion, give its NAME in- stead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Is sex 4 color or race 5 single, Married Willower White OR DIVORCED (Write the word)	16 DATE OF DEATH Of Day, L 2 1 4 1922 (Mouth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from			
March 20th, 1864. (Month) (Day) (Year)	that I last saw h / m alive on April 2 1922.			
7 AGE If LESS than dayhrs. dayhrs.	and that death occurred on the date stated above, at			
8 OCCUPATION (a) Trade, profession or particular kind of work				
(b) General nature of industry business, or establishment in which employed or (employer)	No further information. cuff?.			
9 BIRTHPLACE (State or country) Trangland	Contributory Secondary (Duretion)			
10 NAME OF HOMAS H, D, Ely	(Signed) Month me Layes M. D. April 21 192 2 (Address) Javid son lehe			
11 BIRTHPLACE OF FATHER OF State or country) Destrict of Clean Bea 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homleidal.			
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- cents, or Recent Residents) At place lnthe			
(State or country) Manufacture 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos da. State,			
(Informant) Ims. Wm A Detly	Former or usual residence.			
(Address) Davidson -: Cle Md.	19 PLACE OF BURIAL OR REMOVAL .TE OF BURIAL.			
Filed Afric 21. 1922 John Ceally Some Registrar	20 UNDERTAKER ADDRESS Pareibonile he			
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

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(Approved by U. S. Census and American Public Health Association.)

fulness of variou partaits can be known. The quescupation is very important, so that the relative healthdefinite 'alary), may be entered a additional line is provided for the latter statement; it nature of 'he business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applied to each and every person, irrespective of ployed as .11 school or At home. Care should be taken household only (not paid Housekeepers who receive a en at low, who are engaged in the duties of the laborer. Farm laborer, Laborer Never return "Laborer," "Yereman," "Manager," "Dealworked on may form yar of the second statement. (a) Foresite t. (b) Automobile factory. Spinner, (b) Cotton will; (a) Salesman, (b) Trocery; should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemeid, etc. If the occupation has been changed gaged in comestic service for wages, as Servant, Cook, to report specifically the occupations of persons cnwork, or At Home, and children, not gainfully emtired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (rewhatever, write None. Statement of Occupation + Precise statement of oc etc, For many occupations a single word or without more presize specification as Day -Cal minc, etc. Housewife, House-The material Wom-

Statement of Cause of Death—Name, first, the presence causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synouym is "Epidemic cerebrospinal ucuningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mcasles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inauition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemor Whooping cough; Chronic valvular heart discase; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerpural septicaemia ""Puerperal peritonitis," etc. "Uraemia," "Weaknes:." etc., when a definite disease vulsions." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway (name origin; "Cancer" is less definite; avoid FOR VIOLENT DIATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.) (Recommendations on state-"Anaemia" "Coma," (second-(merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied ACE should be started EXACTLY, PHYSI-CIANS should state CAUSE OR FEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate: ECORD IS A PERMANENT BINDING UNFADING INK---THIS FOR MARGIN RESERVED W AINLY, WRITE V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
	ounty Christel 2016	CERTIFICATE OF DEATH
	3910	Registration Dist. No.
	Udenton m	
Vill	age or City (No,	St.; Ward) (If death occurred in a hospital or institu-
	Inhant not no	tion, give its NAME instead of street and number.)
	2 FULL NAME	
1 _	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
7	WIDOWED OR DIVORCED	(Month) (Day) (Year)
6.70	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	0/'0	april 22 192 7,00 , 192
	(Month) (Day) (Year)	that I last saw halive on, 192,
7.A		and that death occurred on the date stated above, at
	Tew hours I dayhrs.	The CAUSE OF DEATH 's was as follows:
*	yrsmosdsor min. ?	marasmus Infalliciale
1000 (1	CCUPATION A) Trade, profession or	Caned by Mollier alund
p	articular kind of work	Wasel
b	b) General nature of industry usiness, or establishment in	(Duration) yrs mos ds.
-	RTHPLACE	Contributory
1 9 15	(State or country) Edentin O. a. Co	Secondary
-	10 NAME OF	Duration)yrsmosds.
	FATHER	(Signed) 10 ova production of the same M. D.
S	H BIRTHPLACE OF FATHER	
RENTS	(State or country) 11	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
4	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
0.	13 BIRTHPLACE	lents, or Recent Residents)
	OF MOTHER (State or country) Q Q CO M4	At place In the of death yrsmosda, State,yrsmosda.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Dr R & Harmond	Former or usual residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Essufie	Manda 10 4 1940 23
15 ahl23 no flores		20 UNDERTAKER ADDRESS
Filed 1922 CRegistrar		Code Marge and Go 1 ice.
	aup a ocal	16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md
	de la	To it. Datatoga Die, Date, Medicaring 1. D. 110. 12

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter tion applie, to each and every person, irrespective of fulness of various parsuits can be known. eupation is very important, so that the relative healthdefinite elery), may be entered a Housewife, House Never neten "Laborer," "rereman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery. should be used only when needed. As examples: (a) Civil engineer, Stationery fremen, etc. But in many business, that fact may be indicated thus: Farmer (restate occupation at 'oginuing of liness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in Connestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At kome. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Far a laborer, Leborerer," etc., worked on may form pur' of the second statement whatever, write None. Statement of Occupation Precise statement of oc-Forem (5) Antomobile factory. For many occupations a single word or especially in incus rial employments, it is necesyers.). For persons who have no occupation without more precise specification as Day If the occupation has been changed -Coal mine, etc. Wom-The material duties of the

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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V. S. No. 1.	WRIT PLAINLY,	N. BEvery Item of information

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Village or City He Berner. (No. St.; Ward) 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS S SEX 4 COLOR OR RACE SINGLE MARKINER MAR	С	ounty Company	Begistration Dist No. 2/
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PERSONAL AND STATISTICAL PARTICULARS B SEX 4 COLOR OR RACE SINCLE, MARKING MARKING WIDOWED OR DIVORCED OR DIVO	Vill	age or City Mea / Secret. (No	St.; Ward) (If death occurred in
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that I last saw hslive on	6 D		
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(Approved by U. S. Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from or given up on account of the disease causing death, on at hower, who are engaged in the duties of the Never rein a "Laborer," "Toreman," "Manager," "Dealworked on any form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; whatever, write None. business, that fact may be indicated thus: Farmer (regaged in Comestic service for wages, as Scrvant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a additional line is provided for the latter statement; it tired 6 yrs.). to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applie to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foremen, (5) Automobile factory. For many ocenpations a single word or term on without more precise specification as Day At Home, and children, For persons who have no occupation If the occupation has been changed not gainfully em-As examples: (a) The material But in many The ques-Wom-

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

use of "Tumor" for malignant neoplasms); head of "contributory." conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, menquences (e. g., sepsis, tetanus) may be stated under the ture of the lnjury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental dronning; Struck by railway as probably such, if impo sible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakins." etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," causing death). 29 ds.; Bronchopneumonia stated unless important. Chronic interstitui nephritis, etc. The contributory Whooping cough; Thronic inger, peritonarum, etc., Carcinona, Sarcoma, etc., of (secondary or intercurrent) affection need not be Nominelature of the American Medical Association.) of cause of death approved by Committee on .. (name origin; "Cancer" is less definite; avoid For "Debility" ("Congcnitul," "Senile," etc.), VIOLENT DEATHS State MEANS OF INJURY for whiel: surgicul operation was under-(R commendations on state-Example: Measics (disease valvular heart discase; "Anaemia" "Coma," Measles; (second-(merely

If the certificate is 10 ked over thoroughly and all questions and wered in (e'ai), it will prevent further correspondence and the data is essential and must be obtained before the certificate is permanently filed.

WIO 1922

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in hospital or institution, give its NAME instreet and stead of number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 2 SEX 4 COLOR OR RACE | 5 SINGLE, WIDOWED WEDOWN (Day) OR DIVURCED (Write the word) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH ms so that I that I last saw h Se alive on ö (Month) (Day) (Year) and that death occurred on the date stated above, 7 AGE If LESS than pilled The CAUSE OF DEATH At was as follows: I day hrs.mos.......ds. or min. ? ter 99 8 OCCUPATION (a) Trade, profession or particular kind of work..... a (b) General nature of industry d Importan business, or establishment in 2 which employed or (employer)... Contributory 9 BIRTHPLACE Secondary (State or country) ď uld . ery 10 NAME OF FATHER 8 0 AUSE TION 11 BIRTHPLACE HN State the Disease Causing Death, or, in deaths from OF FATHER Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (State or country) RE 12 MAIDEN NAME 0 0 4 OF MOTHER d state C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Inform ents, or Recent Residents) In the 13 BIRTHPLACE N At place of death OF MOTHER State, (State or country) Where was disease contracted, of shoul 14 THE ABOVE IS TRUE if not at place of death?.. Former or usual residence Every its CIANS g TE OF BURIAL (Address)..... 15 Filed! If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

RESERV

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation As examples: (a)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> ary), 10 ds. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway and qualify as -Accidental, suicidal, or homicidal, or taken. For violent deatis state means of injury State cause "Puerperal septicaemia," "Puerperal peritonitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; .. (name origin; "Cancer" is less definite; avoid (e. g., scpsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Never report mere symptoms or (Recommendations on state-"Coma," "Con-Measles; (merely terminal (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	STATE OF MARTLAND
County a a 3919	CERTIFICATE OF DEATH
Village or City SX mary wells	Registration Dist. No. St.; Ward) (If death occurred in
2 FULL NAME Thelmer I Fo	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that Plast saw her alive on Aforting, 1927,
AGE 1 If LESS than I dayhrs. 2 yrs	The CAUSE OF DEATH is was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) M mary orels (m)	Contributory Secondary ADuration) Ts. mos. ds.
10 NAME OF FATHER PLANK FOURT	(Signed) M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D
(State or country Mt glon a. a. co 12 MAIDEN NAME OF MOTHER Seria Smith	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) and 14 THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. da, State, yrs. mos. de. Where was disease contracted, if not at place of death?
(Informant) mrs Jena morton	Førmer or usual residence
Filed print 1 D192 2 June 14 C For CAM Registrar	to undertaker Hoffprig and april 10, 192 v 16 W. Saratoga St., Batch, Requesting V. S. No. 1.

CTATE OF MADVIAND

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Whatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestle service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House Housemuid, etc. ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., Never return "Lahorer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Rogeman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, ir espective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation Pricise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day If the occupation has been changed -Coal mine, etc. Wom: As champles: (a)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fèver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fever (never report "Typhold pneumonia,"):

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbol's acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or taken. State cause for which surgical operation was under-"Puerperal septicaemia," "Puerpiral peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." ctc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustlen," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. vulsions," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS State MEANS OF INJURY "eontributory." "Debility" ("Congenital," "Scnile," etc.), Never report mere symptoms or (Rocommendations on state-Carcinoma, Sarcoma, etc., of Example: Measles The contributory The na-Measles; terminal (merely (second-(disease

If this certificate is looked over thoroughly and all questions answered in de'all, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County 2 4 3920	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City ann afoli (No. 1) . Toephine. N	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTAFY, That I attended the deceased from
6 DATE OF BIRTH	Dec. 25 192 2,00 apr. 8 ,192 00
(Month) (Day) (Year)	and that death occurred on the date stated above, at 30.1m.
7 AGE If LESS than dayhrs. dayhrs.	The CAUSE OF DEATH : was as follows: Myscarais Insuffuse;
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Acrete Branchoto + Chr.
10 NAME OF PATHER Pair Forman	(Signed) (Duration) yrs. mos. da. (Signed) Mas Mas Jan M. D. 49 1922 (Address) Armab Jan M.D.
OF FATHER (State or country) West orienter and MAIDEN NAME OF MOTHER Lacrolin Schollers	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Ingland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ents, or Recent Residents) At place of death yrs. mos. da. Where was disease contracted, if not at place of death?
(Informant) Mrs W 24 Sands	Førmer or usual residence
(Address) 92 Franklin Stamoffe Filed And 10 1922 July C. For College	19 FLACE OF BURIAL OR REMOVAL EATR OF BURIAL Ledan Stuff (April 10-, 19-11-) RO UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Polto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, whatever, write Nonc. tired 6 yrs.). Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, defluite salary). may be entered as Housewife, House to report specifically the occupations of persons caployed, as At school or At Rome. Care should be taken household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer. Farm laborer, Laborer-Coal mine, etc. Woner," etc., without more precise specification as Day Never return "Laborer," "Poreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation As examples: (a) The material

Statement of Cause of Death—Name, first, the discretion of Cause of Death—Name, first, the discretion with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Dpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." quences Nomenclature of the American Medical Association. ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or Homicidal, or "PUERPERAL 8cp icaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or misearriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," Examples: Accidental drowning; Struck by railway taken. For VIOLENT DEATHS State MEANS OF INJURY State cause can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:," etc., when a definite disease "Dropsy," "Ethausticn," "Heart failure," "Haemorrulsions," "Debility" ("Congenital," "Senile," etc.), conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; (c. g., sepsis, tetanus) may be stated under the . (name origin; "Cancer" is less definite; avoid for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-(merely (second-

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V. S. No. 1.

1	PLACE OF DEATH	2004		STATE OF M	ARYLAND
0	County a W	3921	(90)	CERTIFICATE	OF DEATH
	1 10			Registration	Dist. No. 26
Vil	lage or City Sudley	(No		St.;	(If death occurred in a hospital or institu-
	22.	- 1 01	0		a hospital or institu- tion, give its NAME in- stead of street and
	² FULL NAME (MA	ory-8. Du	rvec	*************************************	number.)
	PERSONAL AND STATISTICA	L PARTICULARS	MEC	ICAL CERTIFICATE	OF DEATH
3 8	SEX 4 COLOR OR RACE 5	MADDIED //A/	16 DATE OF DE	ATH Phair	1
X	IMACO, WILLOW	WIDOWER CED (Write the word)	18 I HEDER	(Month)	(Day) , 162 2 (Year)
6 D	ATE OF BIRTH		/hece -	4 1922 to 2	ended the deceased from
	War	21 ,843	3	M. alive on Of	
7 A	(Month)	(Day) (Year)		curred on the date stated	A
7 A	ue .	If LESS than		EATH & was as follows:	
		ds. or min. ?	***************************************	***************************************	***************************************
(CCUPATION a) Trade, profession or		Ary		Α,
700	b) General nature of industry		Valvula	a disease of	heart
3 b	ousiness, or establishment in which employed or (employer)	CALL REALS	•••••	(Duration) .02	yrs. 2 mos ds.
	IRTHPLACE /		Contributory Secondary		1
_	(State or country)	5	***************************************	O(Duration)	yrs
	10 NAME OF FATHER	200000	(Signed)	Les I Deut	M. D.
S	11 BIRTHPLACE	minuce	apr. 7 . 19	2.2 (Address) LM	uehlim
RENT	OF FATHER (State or country) a a	. Co m	Violent Causes	Disease Causing Death, state (1) Means of Inju	or, in deaths from ry; and (2) whether
4	12 MAIDEN NAME OF MOTHER	Dhish		cidal or Homicidal. RESIDENCE (For Hospit	tale Institutions Trans-
•	13 BIRTHPLACE		lents, or Recent	Residents)	with another than a second
	OF MOTHER (State or country) a a	Co mo	At place : of death yrs	4 91 111	yrsmosda.
14 3	THE ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE	Where was disease co if not at place of death		
	(Informant) may 946	n Jener	Former or usual residence.		
	(Address) Smalley a	aco ond	19 PLACE OF BU	RIAL OR REMOVAL	TATE OF BURIAL
15			Juake	2. Cenalcy	yrul 8, 1932
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	mare blanks are norted	Registrar L. address State Registrar.	10 -1	Johnny &	majores
	Odliga at a company	. address state Registrar.	10 W. Saratoga St	Balth., Requesting V.	S. No. L.

(Approved by U. S. Census and Americau Public Health Association.)

business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, whatever, write None. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House tired 6 yrs.). Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Toreman," "Manager," "Dealworked ou may form part of the second statement Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation -Ceal mine, etc. Wom-As examples: (a) The material

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meuingitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association. head of "contributory." ture of the injury, as fracture of skull, and consement of cause of death approved by Committee on quences Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Aecidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or Homicidal, or "Puerreral sepicaemia." "Puerreral peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," taken. For violent deaths state means of injury State cause can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Hacmor vulsions," symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping .. (name origin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Scnile," etc.), cough; Chronic valvular heart discase; for which surgical operation was under-Never report mere symptoms or terminal (Recommendations on state-The contributory (merely (disease (second-

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Vill	age or C	ity		3 5		ate Hos
	2 F	ULL NAM	E	Ua.	rrie	Gant
	PERS		ND STATIST			
s s Fe	male '	Co.	or or race	MAR WID OR I	RIED, OWED DIVORO te the v	Single
8 D	ATE OF I	BIRTH		<u> </u>		
				nknow		, 1890 (Year)
AG	Æ					If LESS tha
(a p. (b) General	on profession of ind of wor I nature of r establish	r k	Tnkno	tic	ormin.
(a p (b	a) Trade, particular k b) General usiness, o hich empl IRTHPLA	ON profession of ind of wor l nature of r establish loyed or (e	or	Domes Jnkno	tic wn	ı. or min.
(a p (b	a) Trade, particular k b) General usiness, o hich empl IRTHPLA	ON profession of ind of wor l nature of: r establish loyed or (e. CE r country)	or k	Domes Jnkno	tic wn	ı. or min.
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

..... Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-

		hu	mber.)	7.577.1
MEDICAL CER	TIFICAT	E OF	DEATH	
	il 2 (Month)		(Day)	192
May 19, 192	19.	Apri	1 27	, 192
that I last eaw hexalive of and that death occurred on the				
The CAUSE OF DEATH & was			ove, at	
Acute Pulmonary			losis	
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needed. address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE UNITED STATES STANDARD OF DEATH

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Total Design

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servani, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer, worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory, cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, For many occupations a single word or term on and children, not gainfully em--Coal mine, etc. Wom-The material

spinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumenia") fever (the only definite synonym is "Epidemie cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always, the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-

> head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples; Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or conditions, such as "Asthenia," "Anaemia" (merely stated unless important. Poisoned by carbolic acid-probably suicide. taken. For violent deaths state migans of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as ean be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustien," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report more symptoms or terminal Chronic Interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, pertonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menvulsions," eausing death), 29 ds.; Bronchophcumonia (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart "Debility" ("Congenital," "Scnile," etc.), (Recommendations on state-Example: Meastes Always qualify all "Coma," The nadiscase; Measles; (second-(disease

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all quesill the data is essential and must be obtained before

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If more blanks are needed, address State Registrar.

3

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stend of street and St.;..... Ward) number.)

April 7 (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from October 24. 199 to April 7 1928 that I last saw her alive on April 7 1928 that I last saw her alive on April 7 1928 that I last saw her alive on April 7 1928 and that death occurred on the date stated above, at 6.45 p. en The CAUSE OF DEATH it was as follows: General Tuberculosis Contributory Secondary (Duration) yrs 6 mes de Contributory Secondary Signed) Publical Crownsville, Md excidental, Sulcidal or Homeidal. 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place 2 yrs 5 mos 13 da State Life mos de Where was disease contracted, foot at place of death? Cormer or Institute of County State Of Burial Of County Residence Anne Arundel County 19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL OF COUNTY ADDITESS OUT OF COUNTY ADDITESS	MEDICAL CERTIFICATE OF DEATH	
(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from October 24, 199, to April 7, 1922, that I last saw her alive on April 7, 1922, and that death occurred on the date stated above, at 6, 45p, end that death occurred on the date stated above, at 6, 45p, end that death occurred on the date stated above, at 6, 45p, end that death occurred on the date stated above, at 6, 45p, end that death occurred on the date stated above, at 6, 45p, end that death occurred on the date stated above, at 6, 45p, end that death occurred on the date stated above, at 6, 45p, end that death occurred on the date stated above, at 6, 45p, end that death occurred on the date stated above, at 6, 45p, end that death occurred on the date stated above, at 6, 45p, end that death occurred on the date stated above, at 6, 45p, end that death occurred on the date of death or 10 minuted on the date of death or 10 minuted on the date of death of 10 minuted on the date of date dat	16 DATE OF DEATH	
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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, gaged in domestic service for wages, as Servant, Cook, whatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an worked on may form part of the second statement. additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and eausatiou), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the eause. Always qualify all "Uraemia," "Weaknes." cte., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" stated unless important. "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatle), "Atrophy," "Collapse," ary), 10 ds. Never report more symptoms or terminal vulsions, 4. causing death), 29 ds.; Bronchopneumonia Chronie interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tubcrculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), (Racommendations on state-Example: Meastes "Coma," (disease (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1.

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	PLACE OF DEATH	STATE OF MARYLAND
Co	unty (2 (2) 3924	CERTIFICATE OF DEATH Registration Dist. No.
Vill•	2 FULL NAME anapolis (No. 91. 1. 7/0	Ward) (If death occurred in a hospitual or institution, give its NAME instead of street and number.)
===	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI		April 14 , 16 2 2
6 D/	Sept. 16 , 1868. (Month) (Day) (Year)	March 29 1922 April 14,1922. that I last saw h im alive on April 14 1922. 12.25 at
7 AG		The CAUSE OF DEATH is was as follows: pneumpnie, broncho
(b)	Trade, profession or professor or criticular kind of work.) General nature of industry isiness, or establishment in hich employed or (employer). RTHPLACE (State or country) District of Columbia	Contributory Secondary (Duration)
ARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) Apr 14 192.2 (Address) State the Disease Causing Death, or, in deaths from, Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
Δ.	IS BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients, or Recent Residents) At place of death yrs mos 16 da. State, yrs mos da. Where was disease contracted; if not at place of death?
15	(Informant) Me Augelo Hall (Address) 37 Whedison St (Address) Cty Tiled July 1922 Joseph Conc. M. Registrar	Former or usual residence
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (re-Whatever, write None. tired 6 yrs.). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons cnployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fromen, etc. But in many the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-, etc., without more precise specification as Day or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation -Coal mine, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid pneumonia"); Diphtheria pneumonia, Broachopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or train—accident; Revolver wound of head—homicide; diseases resulting from childbirth or misearriage as taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal schlicaemia," "Puerperal peritonitis," can be ascertained as the cause. rhage," "Iuanition." "Marasmus," "Old Age," "Shock," "Uraemia," "Weaknese," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal vulsions," eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (secondary or intercurrent) affection need not be (uame origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcomu, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart "contributory." (Recommendations on state "Debility" ("Congenital," "Senile," etc.), Always qualify all "Coma," "Condiscase; (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. Ill the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 90 stated EXACTLY, properly classified Registration Dist. No. Ward) (If death occurred in hospital or Institucertificate tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, 16 DATE OF DEATH MARKIED. WIDOWED OR DIVORCED (Month) (Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH hat that I last sew h 1004, alive on (Month) (Day) (Year) and that deeth occurred on the dete stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: day hrs.yrs.............ds..or..... min. 3 OCCUPATION (a) Trade, profession or Oparticular kind of work..... G (b) General nature of industry mportan business, or establishment in (Duration) yrs mos. which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) וש ס 10 NAME OF L FATHER (Signed) EL. 10 0 192 Z (Address) ... / Mu M. o.w. 以之 11 BIRTHPLACE AUSE "State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether OF FATHER E (State or country) œ Accidental, Suicidal or Homicidal, 12 MAIDEN NAME UP A 4 OF MOTHER State 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE At place OF MOTHER In the 0 of death 7 (State or country State. shoul of Where was disease contracted. 14 THE ABOVE IS if not at place of death? Former or Every its CIANS stateme usual residence. BURIAL OR REMOVAL TE OF BURIAL 80 If more blanks are needed, address State Registrar, 16 W. Saratoka St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Ceusus and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in Comestic service for wages, as Scrrant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) worked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the nus-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal, fever (the only definite synonym is "Epidemic cerelyrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accinental, suicinal, or Homicidal, or State cause for which surgical operation was under-"Puerperal seplicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all conditions, such as "Asthenia," "Anacmia" "Uracmia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinomu, Sarconu, etc., of Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Example: Measles The contributory Measles; (merely (disease (second-

If this certificate is looked over thoroughly and all questions of the certificate is detail, it will prevent further correspondence. It the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1.

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	PLACE OF DEATH	3926	(71)	STATE OF M	IARYLAND
_	$\alpha \alpha$	0020	14-2	CERTIFICATE	OF DEATH
	Castkort	597	Levern a	Registration Ward)	Dist. No. (If death occurred in
√ illa	2 FULL NAME Boro	thea C	Hell	er-	a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PA	RTICULARS	MEDI	CAL CERTIFICATE	OF DEATH
3 8	Course Mouse or Di		16 DATE OF DEA	(Month)	(Day), 1622
6 D.	ATE OF BIRTH	17 851	apl.	14 1922, to 9	PC 14 , 192 3.
	(Month) (Day) (Year)		alive on	d above, atm.
AG	DE /	If LESS than		ATH > was as follows:	2 40000, 4000000000000000000000000000000
	71 yrs. 9 mos. 2	l dayhrs.	A	6 10	
(a	CCUPATION) Trade, profession or Articular kind of work	wite	. 07	12 officer	kwhrs.
(b	General nature of industry usiness, or establishment in	0	•••••	(Duration)	yrsds.
	hich employed or (employer) RTHPLACE (State or country)	1 4	Contributory Secondary	(Duration)	yrs. A mos. da,
	10 NAME OF FATHER COA	Buchell	(Signed)	/ Rue	M.D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Sexue	any 10	*State the Violent Causes.	Disease Causing Death, state (1) Means of Injudical or Homicidal.	or, in deaths from ary; and (2) whether
PAR	OF MOTHER CHICA /	Rem	THE RESERVE OF THE PARTY OF THE	ESIDENCE (For Hosp	itals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	any	At place of death yrs.	mos da. In the	e,yrs, mosds.
11 1	HE ABOVE IS THUE TO THE BEST OF M	IY KNOWLEDGE	Where was disease con if not at place of death?	tracted,	99944994444444444444444444444444444444
	(Informant) Sofetue UM	. Johnson	Former or usual residence		
	(Address) annoft	this refd	Codes	Bluff	Christ 7,1922
5 F	iled fru 17192 2 for y 4	C. Joze &	6 UNDERTAKER	en Sono	ADDRESS
	more blanks are needed, add	iress State Registrar.	16 W. Saratoga St.	Balto Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, gaged in domestic service for wages, as Scrvant, Cook, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Never return "Laborer," "Fereman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-01. For many occupations a single word or term on At Home, and children, not gainfully em-For persons who have no occupation -Coal minc, etc. Wom-As examples: (a) Day

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under "Peerperal scpiicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," can be ascertained as the cause. "Uraemla," "Weaknes.;" etc., when a definite disease symptomatic), "Atrophy," "Collapse," condition:, such as "Asthenia," "Anaemia" ary), 10 ds. "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," stated unless important. Example: Measles causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart discase; (name orlgin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, menof "contributory." FOR VIOLENT DEATILS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Rocommendations on state-Carcinoma, Sarcoma, etc., of Always qualify all The contributory "Coma," (merely (dlsease (second-

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N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING INLY, WI WRITE P

S. No. 1.

PLACE OF DEATH	2025		STATE OF M CERTIFICATE	
County	£ 3927	23)	Registration	Dist. No.
Village or City Campi Fare (1) 2 FULL NAME Mare EA	1 Hick	S 8	St.;Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PART	TICULARS	MEI	DICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARKET WIDOW OR DIT	En Surges	16 DATE OF DE	Opt.	(Day), 192 (Year)
6 DATE OF BIRTH		126	1.31922., to	2/21. 21 1920
DEC - 4	19/7	//-	alive on a fa	2 1 , 1922,
(Month) (Do	•	and that death o	ccurred on the date stated	d above, at 1/1.30.1. km.
4 4 -16	If LESS than l day hrs.	The CAUSE OF I	Route Bran	elista.
8 OCCUPATION (a) Trade, profession or particular kind of work			•	
(b) General nature of industry business, or establishment in which employed or (employer)			(Duration)	
9 BIRTHPLACE (State or country) Camp Par	of Md	Secondary Secondary	. //	yrs. G. mos. de.
10 NAME OF John H. *	ticks	(Signed)	J. Wills	Martin M.D.
11 BIRTHPLACE OF FATHER (State or country) (State or country) 2 MAIDEN NAME OF MOTHER	(Va-	*State the Violent Cause Accidental. Su	927. (Address)dddddddd	
a la MAIDEN NAME OF MOTHER OMOVA	Smith		RESIDENCE (For Hosp	
13 BIRTHPIACE OF MOTHER (State or country) Baltimo	re Md.	At place of death yrs Where was disease e		.,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY	KNOWLEDGE	if not at place of deat	h?	
(Informant) June 11 fue	cres	usual residence	THE OF THE OWNER	DATE OF BURIAL
(Address) (amh i ara	str Md	19 PLACE OF BI	while Cent	4 23 ,1922
Filedalu 231922 Jany 4	Registrar	CO FI	3. Parkers	92 WEST, 80
If more blanks are needed addre	ss State Registrar.	16 W. Saratora S	St., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Nover Folurn Taloron" Foreman," "Manager," "Deal worked on may form part of the second statement. (a) Feyeman, (b) Automobile factory. The material Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician. Compositor: Architect, Locomotive engineer, fulness of various parsuits can be known. The quesenpation is very important, so that the relative health-Statement of Occupation-Precise statement of oc etc., & yre.). For many occupations a single word or (b) Cotton mill; (a) Salcsman, (b) Grocory; without more precise specification as (a) the kind of work and also (b) the For persons who have no occupation As examples: (a) term on Day

Statement of Cause of Death—Name, first, the discretion with respect to time and eausation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

rhage." "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," "Coma," eonditions, such as "Asthenia." "Anaemia" ary). 10 ds. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State eause for which surgical operation was under-"Puerperal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes.." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorcausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ingrs, peritonarum, etc., Curcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menvulsions," (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "eontributory." "Debility" ("Congenital," "Senile," etc.). Never report mere symptoms or Chronic valvular heart (Recommendations on state-Example: Measles (discase discase; Monstes; terminal (second-(merely etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 8 1922 BORRELOW S. S.

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	PLACE OF DEATH County A	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or Cit Churapolis (No. 1/3 Flc. 2 FULL NAME Calgar Huller	Registration Dist. No. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SER 4 COLOR OR RACE 5 SINGLE, Congle Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH April 15, 152 (Month) (Day), 152 (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
1	6 DATE OF BIRTH	
	TAGE (Month) (Day) (Year) (Year)	that I last saw h alive on 192, and that death occurred on the date stated above, at // 45 Pm. The CAUSE OF DEATH it was as follows:
	particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	Contributory Alesholic Porsonia
	(State or country) (Sattemore Illa	(Duration)yrs. mos. da.
	TATHER John Hillon 11 BIRTHPLAGE OF FATHER (State or country) Annapole Md 12 MAIDEN NAME	(Signed) M. D. (Address) M. D. *State the Disease Crosing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	of Mother May Houses 13 BIRTHPLACE OF MOTHER (State or country) Conspolis May	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcents, or Recent Residents) At place by death yrs. mos
	(Informant) Tate Hutton	if not at place of death?
	(Address) Somewhat 246	H Comes Cent Ceful 17,1933
	Filed 192 The Segistrar If more blanks are needed, address State Registrar,	Jaylor Sans Conceptolis 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Visa

REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Whatever, write None. or given up on account of the DISEASE CAUSING DEATH, tired 6 yrs.). Housemeid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite 'alary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborer-Never return "Laborer," "Toreman," "Manager," "Deal-Spinner. (b) Cotton mill; (a) Salesman, (b) Crocery; worked on may form part of the second statement. should be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an (a) Foreman. (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as For persons who have no occupation -Ccal mine, etc. Wom-As examples: (a) Day

Typhoid fever (never report "Typhoid pneumonia," Bronchopneumonia ("Pneumonia");

Lobar pneumonia, Bronchopneumonia ("Pneumonia"); Statement of Cause of Death-Name, first, the prs

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or misearriage as State cause for which surgical operation was under "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weaknes:," etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" "Dropsy." "Ethausticn." "Heart failure." "Haemorvulsions," ary), 10 ds. stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Whooping -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; Never report mere symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Measles Always qualify all The contributory "Coma," (merely (second-(disease

the cartificate is permanently filed. ence. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quesall the data is essential and must be obtained before

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	PLACE OF DEATH		TATE OF M	
C	ounty <i>Q. Q.</i> 3929	CE	RTIFICATE	OF DEATH
	007.0	99-0)	Registration	Dist. No.
Ville	age or City Wullbury Hill (No.	St.;	;Ward)	(If death occurred in n hospital or institu- tion, give its NAME in-
	2 FULL NAME Tellean U.	toluson		stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS		CERTIFICATE	DF DEATH
To	Kende Colored Single, Willowed Willowed Own Divorced (Write the word)	16 DATE OF DEATH	(Month) Tiby, That I att	(Diy) , 1(2)
6 D.	ATE OF BIRTH	apr. 26	1922, to 1	DA. 27 , 1927
	Jany 14 , 922	that I last saw h Mr. a	live on	Jan. 26, 192
	(Month) (Day) (Year)	and that death occurred o		
AG	If LESS than I dayhrs.	The CAUSE OF DEATH	V	lutis
	CCUPATION			
p:	articular kind of work	#1	•••••	
	e) General nature of industry usiness, or establishment in		(Duration)	yrsmos
w	hich employed or (employer)	Contributory	Menngn	(?)
9 BI	(State or country) (Q C Md,	Secondary	"	yrsfmos
	16 NAME OF FATHER	(Signed)	ellis Ma	luc , M. D.
S	Hermino gomison	4/30 1922 (3	Address) June	rapoles Ma
RENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAYDEN NAME	*State the Disease Violent Causes, state Accidental, Suicidal or	Causing Death, (1) Means of Inju-	of, in deaths from (2) whether
PA	OF MOTHER Cthell Standery	18 LENGTH OF RESIDE		tals, Institutions, Trans-
THE STATE OF	13 BIRTHPLACE OF MOTHER (State or country). Q. Q. to US	At place of death yrs. mos Where was disease contracted,	da, In the State	yrsmosda.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	**************************************	
	(Informant) Herrina Johnson	Fermer or 1 usual residence		
	(Address) ainfelli 9.7 A.# 1	Broad M.	or REMOVAL	Chr 28, 198 L
15 F	Filed april 28192 2 frança C. For and	Jaylu Si	no	ADDRESS Creefel
	M more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto	o., Requesting V.	S. No. 1. Quid.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, laborer, Farm laborer, Laborer-Ceal mine, etc. Women at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Indilect, Locomotive engineer, Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applie, to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on As examples: (a)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injury "Puenpenal septicuemia," "Puenpenal peritonitis," Examples: Aecidental drowning; Struck by railway State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anacmia" (merely ary), 10 ds. "Uracmia," "Weaknes:" cte., when a definite discase "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart discase; use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-"contributory." the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Mcaslcs Always qualify all The contributory "Coma," The na-(second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. In the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH 3930		OF MARYLAND CATE OF DEATH
County	Reg	istration Dist. No.
Village or City Connected (No. 75	Kealing	Ward) (If death occurred in a hospital or institution, giva its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULAI	MEDICAL CERTIF	FICATE OF DEATH
8 SBX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	01/11/11
Narried Widowed OR DIVORCED (Write the word)		Inth) (Day) (Yell) That I attended the decease from
6 DATE OF BIRTH	Star of the	10 7/1/1/ 94,102 9
mar 12	92/ that I last saw h A alive on.	11/10
(Month) (Day)	(Year) and that death occurred on the	late stated above, at
	ESS than The GAUSE OF DEATH A was as	Allows
yrsmosds.lor	min. ? 9 9 9 10 6	Meritos
8 OCCUPATION (a) Trade, profession or	1/1/200	Lama
particular kind of work (b) General nature of industry		
business, or establishment in which employed or (employer)		ation)yrsmods.
9 BIRTHPLACE (State or country) annafestes	Secondary Secondary	nansnon
	ms Draghful Du	ration
10 NAME OF PROTECT Weaks	(Signed)	A CADIVE M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causi Violent Causes, state (1) Mea Accidental, Suicidal or Homic	ng Death, or, in deaths from
of Mother Georgana Ty		For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) amajorlis	A: 1	In the State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW!	EDGE if not at place of death?	
(Informantic logalette / yle	Fermer or usual residence	
(Address) Comagester mo	Sage Bellow	OVAL CATE OF BURIAL OKALLO 1922
Filed a frie 26 192 2 In 2/4 C. To	istrar B 1 7 6 pps	19 Comoboles
If more blanks are needed, address State		esting V. S. No. V

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, whatever, write None. ployed, as At school or At Kome. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Farm laborer, Laborerer," etc., without more precise specification as Day en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form par; of the second statement (a) Noveman, (b) Automobile factory. The materia Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. additional line is provided for the latter statement; it nature of the Jusiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on (a) the kind of work and also (b) the For persons who have no occupation -Coal mine, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and gausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid diseof "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenelature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by earbolic acid-probably suicidc. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Ethnustion," "Heart symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemla" stated unless important. "Uraemia," "Weaknes." etc., when a definite disease ary), 10 ds. causing death), 29 ds.; Bronehopneumonia use of "Tunuor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., of the lajury, as fracture of skull, and conse -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "contributory." "Debility" ("Congenital," "Scnile," etc.), Never report mere symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Mcaslcs (disease failure," "Haemor The contributory The na-(merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. It is essential and must be obtained before the certificate is permanently filed.

8

statement of

	PLACE OF DEATH	
Coun	nty (16, Cu. 3931 @)
/illa	ge or City. (No. (No.)	0
	² FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	
N SE	White the word)	16
B DA	TE OF BIRTH April 2, 1922 Month) (Day) (Year)	th
7 AG		an Th
5 (b 5 bu: wh	CCUPATION 2) Trade, prefession, or rilcular kind of work 2) General nature of industry siness, or establishment in lich employed (or employer) IRTHPLACE (State or country)	10000
PARENTS	10 NAME OF Roleigh D. Lilly 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Way H. Burdette	(\$1)
	State or country)	At of W
14 171	(Informant) (III - R. J. Lily (Address) Lessylva Lud.	Fo es 19
16 Fil	ed alore 2 1922 L 21 6 Haslup	20

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. fif death accorred in St: Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH OATE OF DEATH 190 (Month) (Day) (Year) I HEREBY CERTIFY. That I attended deceased from d that death occurred on the date stated above. e CAUSE OF DEATH * was as follows: Contributory *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) le lhe place death yra. mes.ds. State, yrs, mes, hers was disease contracted. not at place of death?.... ormer or sual residence ADDRESS

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part precise, specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. is provided for the latter statement; it should be used business or industry, and know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Greecery; (a) Foreman, (b) Autovarious pursuits can be known. The question therefore an additional line Never return "Laborer," Locomotive engineer, Civil But in many cases, If retired from without more

unqualified. is indefinite); Tuberculosis of lungs, menin-Typhoid ferer (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebrotime and causation), using always the same accepted-CAUSING DEATH (the prinary affection with respect to Lobar pneumonia. Statement of Cause of Death-Name, first, the DISPASE for the same disease. Examples: Cerebrospinal-Bronchopneumonia ("Pneumonia

> on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated mus," on statement of cause of death approved by Committee head-homicide; Poisoned by earbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonilis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronie valvular heart disease; Chronie interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of Example: Meastes (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; or miscarriage by railway train-accident; Revolver "Old Age," "Shock," "Uracmia," "Weakness, The nature of the injury, as fracture of skull, as "Puerperal septiehaemia," Examples: Aecidental drowning; (Recommendations Never report mere "Exhaustion," wound of Whooping

ence. All the data is essential and must be obtained before sions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.

No. 00 p.

County C. Q. 3932 CERTIFICATE OF DEATH Registration Dist. No. 7 Village or City Ledar Park (No. 5t; Ward) 2 FULL NAME John Jaylor Maylor Maylor Carler Stend of street and number.)
Village or City Coldus Park (No. St.; Ward) Village or City Coldus Park (No. St.; Ward) A football or institution, give its NAME instead of street and number.
tion, give its NAME instead of street and pumper)
tion, give its NAME instead of street and pumper)
Stead of street and sumber of street and street and sumber of street and sumber of street and street
2 FULL NAME Juliu Vayur of Curer Manuer.)
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Q., 16 DATE OF DEATH
Male Polite Single, Married 16 DATE OF BEATH Wilder OF DIVORCED (Month) (Day) (Year)
Oracle OR DIVORCED (Month) (Day) (Tent)
6 DATE OF BIRTH () 1921, to 1921, to 1922,
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 AGE (Month) (Day) (Year) and that death occurred on the date stated above, at 8.3.4 m.
If LESS than I day hrs. The CAUSE OF DEATH & was as follows:
66 yrs. mos. ds. or min.? Deforfalety
8 OCCUPATION
(a) Trade, profession or Watchmans at
(b) General nature of industry
business, or establishment in which employed or (employer)
9 BIRTHPLACE Secondary
(State or country) Ua Co. Md (Duration)
1 10 NAME OF HA 2 2 1 10 1 10 10 10 10 10 10 10 10 10 10 10
FATHER / homas M' Carter (Signed)
11 BIRTHPLACE (Address) (Address) (Address)
11 BIRTHPLACE OF FATHER (State or country) and Company of Company
2 12 MAIDEN NAME
a OF MOTHER Mentals, Institutions, Trans-
At place of death yrs. mos. da. State, yrs. mos. da.
(State or country) / Culture Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?
(Informant) Miss J. My Carter Former or usual residence.
Cedan Pash 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Codar Bl. 41 Cent Copiel 16, 1928
15 A ADDRESS
Filed Strain 16192 2 from 16 Comparting
If more blanks are needed, address State Registrar, 16 W. Safatoga St., Balto., Requesting V. S. No. 1.

CTATE OF MADVIAND

REVISED UNITED ERTIFICATE OF DEATH STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from whatever, write Nonc. or given up on account of the dishase earsing DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ceal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more presse specification as Day worked on may form part of the second statement. additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mull; (u) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationery farences, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocor At Home, and children, not gainfully em-For many eccupations a single word or term on For persons who have no occupation As examples: (a) The material

Lobar pncumonia, Bronchopncumonia ("Pneumonia, Typhoid ferer (never report "Typhoid pneumonia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cercbrospinal EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the pis-

> ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerpinal schlicaemia,""Puerpiral peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart fallure." "Haemorsymptomatic), "Atrophy," "Collapse," eondition:, such as "Asthenia," "Anaemia" "Uracmia," "Weaknes:," ctc., when a definite disease vulsions," ary), 10 ds. eausing death), 29 ds.; Bronchopncumonia stated unless important. use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosts of lungs, men-Whooping cough; Chronic valvular heart discase; of the injury, as fracture of skull, and conse-FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Example: Measles Carcinoma, Sarcoma, etc., of The contributory "Coma," "Con-The na-Meastes; (merely (second-(dlsease

tions answered in detail, it will prevent further correspond-If this certificate is locked over thoroughly and all quesall the data is essential and must be obtained before

the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County: (2	CERTIFICATE OF DEATH
County	(129) Registration Dist. No.
a Canada Sans	anne HIV.
Village or City (No. (No.	St; Ward) (If death occurred in a hospital or institu-
V4	And of the stead of street and
² FULL NAME	yne / weght number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH
Mills WIDOWED OR DIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
DATE OF BIRTH	april 10 1922, to afril 10, 1922
And 6 1858	that I last saw h alive on affire 10, 1922
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 145 1 m
If LESS than	The CAUSE OF DEATH % was as follows:
6 4 yrs. mos. ds. or min. ?	Chamie Bright drawn
8 OCCUPATION	.>
(a) Trade, profession or particular kind of work.	
(b) General nature of industry business, or establishment in	- 7/
which employed or (employer)	(Duration)yrsmosda.
9 BIRTHPLACE (State or country) /2	Contributory
Jacpman hed	
10 NAME OF FATHER	(Signed) fregle C. Joyce M.D.
11 BIRTHPLACE	afile 10 1922 (Address) almafici
11 BIRTHFIACE OF FATMER (State or country) 12 MAIDEN NAME	
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suieldal or Homicidal.
of MOTHER Eliz 9 Me Caulers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients, or Recent Residents) At place In the
(State or country) Fredand, F	of death yrs, mos da. State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Islay me / Englis	Fermer or usual residence
Hillmus, med	19 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL
(Address)	Loudan Park Bull afrif 12 1922
Filedepullo192 In M. C. Jona M.	O UNDERTAKER ADDRESS
Registrar	Am Cook 5028. Month as
ore blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1
	July,

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH, gaged in domestic service for wages, as Servent, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged cr," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs.). For persons who have no occupation Housemaid, cte. If the occupation has been changed to report specifically the occupations of persons enployed, as At sehool or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwho are engaged in the duties of the -Coal mine, ctc. Wom-But in many

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as accidental, suicidal, or homicidal, or Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uracmia," "Weaknes:," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report merc symptoms or terminal stated unless important. "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsious," causing death), 29 de.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart discase; (uame origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Measles Always qualify all Measles; (second-(disease

If this certificate is 10-ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

		arundel ney Creek.	0002	CER ⁻	Registration Dist. No.	
	² FULL NAM	010	Marsha		a hosp	oital or Institu- ve its NAME in- of street and
Supposition and	PERSONAL A	ND STATISTICAL	PARTICULARS	MEDICAL CE	RTIFICATE OF DEA	ATH
-		olared. WI	RRIED, Juga Bryonced Telte the word)	16 DATE OF DEATH	Opsil (Day (Month) (Day FY, That I attended the	y), 162 Z (Year)
6 1)	ATE OF BIRTH			april 9 19	22, to april	1 10 .192 2
	g=1,00+00111	(Month)	(Day), 1.586.	that I last saw h	on appril	, 192 2
7 AC		··yrs.····mos.···	If LESS than I dayhrs.	The CAUSE OF DEATH : w	as as follows:	
P (I	articular kind of wor o) General nature of	industry iment in Sand employer)	Bark.	Contributory Chrone	(Duration) yrs	nyshrelis
TS	11 BIRTHPLACE	lenknown.	4	aparel 11 1922 (Add	(Duration) yrs. Bellingoles rees) Elia Ber	row had
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Con Known,		*State the Disease (Violent Causes, state (1) Accidental, Suicidal or H	Control of the last of the las			
	13 BIRTHPLACE OF MOTHER (State or cou	ntry) Cen Ku	our	At place of death yrs. mos	In the	de.
14 7	I IIII OTINANI I	X. Hagins		Where was disease contracted, if not at place of death?		
15		Then Bur	- /	magothy Col. Ch		of Burial
f		1922 5. 16	Registrar	20 UNDERTAKER John J. Denn		of ma
	If more	blanks are needed.	address State Registrate	16 W. Saratoga St., Balto.,	Requesting V. S. No.	1.

STATE OF MARYLAND

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(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b), Cotton mill; (a) Salesman, (b) Grocery; (a) Barenhan, (b) Automobile factory. The material should be used only when needed. As examples: (a) eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, eupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plunter, tion applied to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs.). Housemaid, etc. If the occupation has been changed Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia")

> ment of cause of death approved by Committee on conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Measics; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., di Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railings as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent bearns state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weaknes." ctc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia (secondstated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men of the injury, as fracture of skull, and conse-Example: Meusles (disease Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH		STATE OF	
County Q Q'	3935	CERTIFICATI	E OF DEATH
County	- 0000	(160) Registratio	n Dist. No.
Village or City & Redmore			
Village or City X MUANNIC	(No	St;Ward	a hospital or institu-
Cothe	Manne	Maynard	tion, give its NAME in- stead of street and number.)
² FULL NAME OWNER	M W S		•••
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATI	E OF DEATH
	ARRIED.	16 DATE OF DEATH	24 1102
trunky I stored 0	R DIVORCED	(Month)	(Day) , 122 (Year)
6 DATE OF BIRTH	Write the word)	17 HEREBY CERTIFY, That I	attended the deceased from
Pho. 0	1 .922	W/d4 . 192 7., to	1, 192
(Month)	(Day), 1 (Year)	that I last saw h La, alive on	1 1 1 192 m
7 AGE	If LESS than	and that death occurred on the date sta	ted above, at
	and I day bre	The CAUSE OF DEATH & was as follows	1
8 OCCUPATION	ds.lor min. ?	Malmotos	W
(a) Trade, profession or	11		**************************************
particular kind of work			99×9×9×0×00000000000000000000000000000
business, or establishment in which employed or (employer)		(Duration)	ута
9 BIRTHPLACE	1	Contributory Tumaling Secondary	re busto
(State or country)	· Md.	(Duration)	yrs
10 NAME OF ATTHER	901	(Signed)	yastin M.D.
Lunara	Maymara	4/29) 1929 (Address)	unato mo
11 BIRTHPLACE OF FATHER (State or country) A MAIDEN NAME OF MOTHER	C. mid.	*State the Disease Causing Dea Violent Causes, state (1) Means of I	
W 12 MAIDEN NAME()		Accidental, Suicidal or Homicidal.	nya. y , /ma (2) wheeler
of MOTHER Frence &	farris	18 LENGTH OF RESIDENCE (For Ho lents, or Recent Residents)	spitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	0 1	At place Int	
(State or country) U U.	G Ma.	Where was discase contracted.	ate,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE	if not at place of death?	• 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Informant) Canual &	relieu	usual residence	
(Address) P. 7. 8 #/	ampelio,	19 PLACE OF BURIAL OR REMOVAL	TE OF BURIAL
15		Local Augustina	1922
Filescher 25 192 2 7	16 C. Joy a 94	20 VNDERTAKEL	ADRESS .
	Registrar	July winds	And-
/ If more blanks are needed.	address State Registrar.	16 W. Saratoga St., Balto., Requesting	V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of lilness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons cnployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, House en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer. Furth laborer, Laborer-Coal mine, etc. Womer,". etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-Foreman, (b) Automobile factory. The material engineer, Stationary faremen, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation As examples: (a)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Nomenclature of the American Medical Association. ment of cause of death approved by Committee on quences train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or "Puerperal seplicaemia,""Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," Examples: Accidental drowning; Struck by railway taken. For violent deaths state means of injury State canse can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronehopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory Whooping (secondary or intercurrent) affection need not be of the injury, as fracture of skull, and conse-.. (name origin; "Cancer" is less definite; avoid (c. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), cough; for which surgical operation was under-Chronic valvular heart discase; (Recommendations on state-(merely (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. If the data is essential and must be obtained before the certificate is permanently filed.

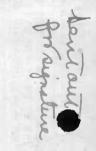
RGIN RESERVED FOR BINDING

C	PLACE OF DEATH OUNTY 2. 2 60 393 (3)	STATE OF MARYLAND CERTIFICATE OF DEATH
	0 11.0	Registration Dist. No. 23
Vill	age or City Unidpolipo Kop	St.; Ward) (If death occurred in
	ma ma	a hospital or institu- tion, give its NAME in- stead of street and number.)
	² FULL NAME	number.)
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	enale Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF BIRTH	
	(Month) (Day), 1922	that I last saw halive on, 192,
7 AC	If LESS than	and that death occurred on the date stated above, at
	dayhrs. 	
0(OCUPATION) Trade, profession or	Boin dead
	articular kind of work	
) b	usiness, or establishment in hich employed or (employer)	(Durstion)yrs mos de.
,	(State or country)	Contributory Secondary (Durstion)yrs. mos. ds.
	10 NAME OF FATHER	(Signed) M. D.
S	11 BIRTHPLACE / Alreso	
RENT	OF FATHER (State or country) (L. a. b.) 12 MAIDEN NAME ()	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER Carry / whileson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	Av place In the of death yrs mos da. State, yrs mos da.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Cliff West	Fermer or usual residence.
15	(Address) Brooklyn, Box 123.	Ensubertour of Glenburgue april 2/19 22
	iled april 20,192 R. L. Shipley	20 UNDERTAKER ADDRESS
il	1 8 pore blanks are needed. address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1.
R	2. Shipley - Loc. Reg.	The state of the s

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")





head of "contributory." (Recommendations on state-Nomenclature of the American Mcdical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Examples: Accidental drowning; Struck by railroay taken. For VIOLENT DEATHS State MEANS OF INJURY "Puerperal septionemia." "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes;" etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Hacmorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles vulsious," "Debility" ("Congenital," "Scnilc," etc.), causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The coutributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valvular heart disease; (second-(disease

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No. 1.

	PLACE OF DEATH	3937		STATE OF M	
Con	unty 9. a Churakolis	(No Emerge	ney Hos	Registration	/
Villag	2 FULL NAME Sa	by M	Perul	St; X Ward)	a hospital or institution, give its NAME in stead of street an number.)
	PERSONAL AND STATISTICAL PAR	RELEULARS	М	EDICAL CERTIFICATE	OF DEATH
3 SE	White MARR WIDO OR DI	IED.)	16 DATE OF I	(Month)	30 00 11.22 (Day) (Year
B DA	TE OF BIRTH april	36 1922	that I last saw	(30 1922, to 4	192 , 192
7 AGI		Day) (Year) If LESS than		occurred on the date state DEATH % was as follows:	d above, at
	yrs,mos	l dayhrs.	THE CAUSE OF	1	/ /
(a) pai (b) bui	CUPATION Trade, profession or rticular kind of work			(Duration)	yremos
9 1311	(State or country Junca for	les Udd	Contributor Secondary		yrs
	10 NAME OF Jaurences	Merule	(Signed)	1927 (Address Laz	thon XM
Z U	11 BIRTHPLACE OF FATHER (State or country) Crucia 12 MAIDEN NAME	poli MI	Violent Cau Accidental,	the Disease Causing Death ises, state (1) Means of In Suicidal or Homicidal.	ivy; and (2) whether
PA	OF MOTHER Cthel 1	Bright	18 LENGTH O	F RESIDENCE (For Hospent Residents)	
: 1	18 BIRTHPLACE OF MOTHER (State or country)	polis	At place of death yrs.	mosda, Stat	
14 Ti		Y KNOWLEDGE	Where was diseas if not at place old	eath?	
(Merile.	Førmer or ' uşual residence	BURIAL OR REMOVAL	DATE OF BURIAL
15	(Address) Umajao	les Wed	Ledar	Bluff Cent	May 1,192
	Muy 1 192 2 Francy	Degistrar	Jay l	or for	ADDRESS ampeoli
	If more blanks are needed, add	ress State Registror	16 W Sarators	St., Balto., Requesting V	. S. No. 1. M.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Houseleepers who receive a on at home, who are engaged in the duties of the laborer. Furm taborer, Laborerer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. worked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial coupleyments, it is neces-Civil engineer, Stationary Aremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on return "Laborer," "Toreman," "Manager," "Dealwithout more precise specification as Day furm taborer, Laborer—Čeal mine, etc. Wom-As examples: (a) But in many

Statement of Cause of Death—Name, first, the present causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," ture of the injury, as fracture of skull, and consetrain—accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as rhage," "Inanktion." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" can be ascertained as the cause. "Uracmia," "Weakness," etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure," "Haemorary), 10 ds. stated unless important. Vulsions," causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Sonile," etc.), Never report mere symptoms or terminal (R:commendations on state-Carcinoma, Sarcoma, etc., of Example: Measles Always qualify all The contributory The na-(merely (second-(disease

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County Co
Village or City Assurable (No//) Ward St.; Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MARRIED MARRIED WIDOWEF (Month) (Day) MARRIED OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH MARRIED OR DIVORCED
Village or City ANNUALIST (No//) USC St.; Ward) (If death occurred a hospital or instation, give its NAME stead of street number.) PERSONAL AND STATISTICAL PARTICULARS BEX 4 COLOR OR RACE 5 SINGLE, MARRIED STATISTICAL PARTICULARS WIDOWER WIDOWER WIDOWER OR DEATH WIDOWER WIDOWER OR DIVORCED (Month) (Day) (Yes
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEE A COLOR OR RACE 5 SINGLE, MARRIED WIDOWER WIDOWE
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 17 OR DIVORCED (Month) (Day) (Ye
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, WILDOWEH WILDOWEH OR DIVORCED MARRIED SINGLE WILDOWEH OR DIVORCED (Month) (Day) (Ye
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Society WIDOWER OR DIVORCED (Month) (Day) (Ye
MARRIED MARRIED (Month) (Day) (Ye
MARRIED WIDOWED (Month) (Day) (Ye
(Month) (Pay) (Ye
(Write the word)
6 DATE OF BIRTH
0/11 1922, to appet 00, 19
that I last saw handlive on a fine 19
7 AGE (Month) (Day) (Year) and that death occurred on the date stated above, at
It LESS than The CAUSE OF DEATH & was as follows:
da or min.
8 OCCUPATION (Ruelyne Buth)
(a) Trade, profession or
particular kind of work (b) General nature of industry
Dusiness, or establishment in
which employed or (employer) Contributory Extantion from Nowally
9 BIRTHPLACE (State or country)
Unrapole (Duration)yrs,mos.
10 NAME OF FATHER (Signed) (Signed)
o The Miller apr 30 7192 (Address) Deme afflix
of Father (a)
(State or country) / Living Willer Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER GAME OF HOSPITALS, Institutions, Tr
ients, or Recent Residents)
OF MOTHER State or country Fat fort out of death . yrs mos da. State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, if not at place of death?
Former or
(Informant) usual residence
119 West A Com of olar per 19 FIACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Address) bedar Bloff opnil 30, 19
Filed april 30 1922 fragle C. for Called UNDERTAKER ADDRESS
Registrar A I doplomy amalole
It more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 grs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (re state occupation at beginning of illness. If retired from or given up on account of the disease causing Death gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At Lome. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered a Housewife, House. en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Managor," "Peallaborer, Farm laborer, Laborer-Ceal mine, etc. Wom-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification as Day for the latter statement; it As examples: (a) The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniagitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pncumonia, Bronchopneumonia ("Pneumonia,")

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STATE OF MARYLAND CERTIFICATE OF DEATH

31

Registration Dist. No.

Ward)	(If death occurred in a hospital or institution, give its NAME in stead of street and number.)

MEDICAL CERTIFICAT	E OF DEATH
16 DATE OF DEATH	11.7%
April	/6 , 192
	(Day) (Year) attended the deceased from
april 10 1922, to	Upr. 1 16 1922
that I last saw h , alive on	nil 16th, 1922
and that death occurred on the date st	ated above, at 2
The CAUSE OF DEATH & was as follow	s:
Vielmones C	Lechen love
<u>N</u>	7
(Duration)	yrs
Contributory Secondary	
	01
(Duration).	A10.11
(Signed)	M.D.
Affor, 2 6 1923 (Address)	a without well the
*State the Disease Causing Der Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hoients, or Recent Residents)	ospitals, Institutions, Trans-
At place In of death yrsda,	the state,yrsmosda.
Where was disease contracted, if not at place of death?	
Former or usual residence,	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sunderland (alvert Is'	2 /Horil88,1932
20 UNDERTAKER	ADDRESS

If more blanks are needed. address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

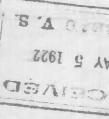
(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer business, that fact may be indicated thus: Farmer (resary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, c. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestle service for wages, as Scrvant, Cook, to report specifically the occupations of persons work, or At Home, and children, not gainfully em-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Scnile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronehopneumonia stated unless important. Example: Meastes Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness." etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Nomenclature of the American Medical Association.) The contributory The na-(mcrely (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All we data is essential and must be obtained before the certificate is permanently filed.



2

PLACE OF DEATH	STATE OF MARYLAND
county Inne Hrundel 3940	CERTIFICATE OF DEATH
- Me	Registration Dist. No. 23
Village or City Shipley / 1/4(No.	St.; Ward) [If death occurred the a hospital or institution,
2 FULL NAME Abortion at tenr	rocks (North) give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX' 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED NOTED OR DIVORCED NOTED OR DIVORCED NOTED	16 DATE OF DEATH 9th April - 1922, 191 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
at Amil -1422 1	9 Deril 1922 to 9 17 1922
(Month) (Day) (Year)	that I last saw h alive on, 191
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, etm
1000tion and 10 posseles or min.?	The CAUSE OF DEATH : was as follows:
8 OCCUPATION	
(a) Trado, profession, or None-	lause antrown
(b) General nature of Industry business, or establishment in	(Quration) yrs. mos. di
which employed (or employer)	Confributory
State Country /- /	Sephidaley All All All All All All All All All Al
10 NAME OF	(Puratro)
" George Coleman North	CALDWELL WOODRUHE, M. D.
Z OF FATHER State or composition or e MA	Accused the Disease Causing Drawn drain and in free wall to
C 12 MAIDEN NAME	13-W 100 W 4-22
a Maliaa I valise	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, THANSIENTS OR RECENT RESIDENTS)
of Mother October Of Linnove Ma	At place in the of death yre, mos. ds State, yrs. mos. de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant Ms Datataly Knause North	Former or usual residence
(Address Ra). Hanover ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FRED 4/15 1998 R. L. Shipley	20 UNDERTAKER ADDRESS
1.20	16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook write None Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Househeepers precise specification as Day laborer, Ferm laborer, Laborer of the second statement. Never return "Laborer," "Foronian," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, eian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Former or Planter, Physiness of various pursuits can be known. The question applies to each and every person, irrespective tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, ctc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia, Bronchopneumonia of lungs, meningualified. is indefinite); Tuberculosis of lungs, meningualified.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Centributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull to determine definitely. Examples: Accidental drowning; BUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerpenal sephehaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be agcertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," rent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-The contributory (secondary or intercur-State cause for which Never report mere

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF CEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK --- THIS IS A PERMANENT BINDING FOR MARGIN RESERVED M NINLY, WRITE N. B.--

00

PLACE OF DEATH	STATE OF MARYLAND
1 / 3941	CERTIFICATE OF DEATH
County Russe Guttage	122-6
	Registration Dist. No.
William or City Remaltles (No. 189	St: Ward) (If death occurred in
Village or City (No. O	a hospital or institu- tion, give its NAME in-
S John of De	stead of street and number.
2 FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH O 1 1 1 7 7
markied, Married	ague 2, 1:22
Mad White OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	PALL 12 3
9/1/1/ 25 010	192 to 192 to 192 to
Mach 23, 1860	that I last saw h . alive on
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE If LESS than	The CAUSE OF DEATH % was as follows:
(0 ½ / 4 l dayhrs.	THE CAUSE OF MEATIN 45 was as follows)
yrsmosds. or min. ?	
8 OCCUPATION (a) Trade, profession or	gehore week misuce
particular kind of work DMWW Tellful	Las lules
(b) General nature of industry business, or establishment in	Continue &
which employed or (employer)	(Duration)
9 BIRTHPLACE	Secondary 1
(State or country) (Musickola Mil	(Duretion)yrsmosda
10 NAME OF	1150 Ola H + Holla
FATHER Isage A Junear	(Signed) M.D.
11 BIRTHPLACE	Lhuf 29. 192 2. (Address)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
2 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Marie Tundes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	:ents, or Recent Residents) At place In the
OF MOTHER (State or country) All Co Md.	At place of death yrs mosda. State,yrsmosda.
II THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mis no I Gwens	Former or usual residence.
18/19 West Ct.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Complete M.J.	1. 1. Bl. 1/1 × 1/1/2 20 15
15 0/ 125 00/ 100	PO ENDERTAKER A ADDRESS
Filed July 30 1927 Joseph C. tor Ce.	the 1
Registrar	Jay la sus limpoles
of more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from Whatever, write None. or given up on account of the pisease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as Ai school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid House keepers who receive a en at home, who are engaged laborer, Farm laborer, Laborer-Never return "Lahorer," "Tereman," "Manager," "Dealworked on may form part of the second statement Spinner; (b) Cotton mill; (a) Salesman, (b) Crocery; additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationery fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planton tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation- Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day in the duties of the -Ccal mine, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the bis. Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e.g., scpsis, tctanus) may be stated under the Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accinental, Suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weaknes.;" etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. vulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; Chronic interstitiul nephritis, etc. Whooping inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be of the injury, as fracture of skull, and conse-.. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvulur heart discase; Never report mere symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Meastes Always qualify all The contributory The na-(merely (second-(disease

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1 PLACE OF DEATH	STATE OF MARYLAND
County a. G. 3942	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City 13 (No.	St; Ward) (If death occurred in
	a hospital or institu-
² FULL NAME	r ker stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDOWED OR DIVORCED	Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
- fred 16 1922	that I last saw h, aliva on, 192
7 AGE (Month) (Day) (Year)	and that daath occurred on the date stated above, at
I dayhre.	The CAUSE OF DEATH ' was as follows:
yrsds.or min. ?	The fly ream in
8 OCCUPATION (a) Trade, profession or	allendance
particular kind of work	
business, or establishment in	
which employed or (employer)	Contributory Secondary
(State or country) Bes V Sate and	(Duration), yre. mos. de.
10 NAME OF FATHER CARL MARKET	(Signed) Longle C. Jon en M.D.
	of 10 as
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in Jeaths from
	Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Many belle Lawren	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) a, 4, 6 hud	of death yrs. mos da. State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) uddy m par by	usual residence.
(Address) By Sate my	19 PLACE OF BURIAL OR REMOVAL TE OF RURIAL
15	form Church april 1919?
Filed Jul 17 1922 Joseph S. Joy a M. Registrar	adding Par bur the sale
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

eupation is very important, so that the relative healthadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will 'e sufficient, e. g., Farmer or Planter, tion applie to each and every person, irrespective of fulness of variou pursuits can be known. The quesdefinite slary), may be entered a: Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Føreman," "Mauager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. Civil engineer, Stellonary fremen, etc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. av At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm luborer, Laborer-Ceal mine, etc. Womworked ou may form part of the second statement business, that fact may be indicated thu. : Farmer (restate occupation at beginning of illness. If retired from House muid, etc. If the occupation has been changed whatever, write None. tired 6 yrs.). For persons who have no occupation Statement of Occupation - Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or As examples: (a) But in many

Statement of Cause of Death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic ecrebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

use of "Tumor" for malignant neoplasms); Measles; inges, peritonasum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles (disease Chronic interstitial nephritis, ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronehopneumonia symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," Whooping cough; Chronic valvular heart disease; diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Juanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure," "Haemor-(secondary or intercurrent) affection need not be train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," vulsions," ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by earbolic acid-probably suicide. The ua-Nomenclature of the American Medical Association.) ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) (Recommendations on stateetc. The contributory "Anaemia" "Coma," (second-(mcrely

If this certificate is looked over thoroughly and all questions answered in "c'all, it will prevent further correspondence. "If the date is essential and must be obtained before the certificate is permanently filed.

el 8 YAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, I Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH SINGLE, MARRIED, COLOR OR RACE | 5 0 Q WIDOWED may OR DIVORCED (Month) (Write the word) BINDING I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH ha (Day) (Year) and that death occurred on the date stated above, atm. 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day....hrs.yrs...........ds..or......ds..or......min.? plain ter 8 OCCUPATION RESERVED (a) Trade, profession or particular kind of work.... ortan (b) General nature of industry business, or establishment in in (Duration) which employed or (employer)..... imp Contributory 9 BIRTHPLACE Secondary (State or country) very a 10 NAME OF shoul FATHER 0 山工 11 BIRTHPLACE ENT CAUSE OF FATHER *State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. œ 12 MAIDEN NAME V OF MOTHER should state (of inform 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE OF MOTHER of death yrs.....mos.....da. (State or country) State, yrs. mos. da. Where was disease contracted, if not at place of death?..... statement Former or usual residence S ANA PLACE OF BURIAL OR REMOVAL TATE OF BURIAL Ever ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

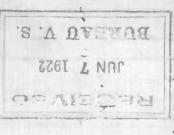
(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an tired 6 yrs.). For persons who have no occupation work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer--Ceal mine, etc. Wom-Spinner, (b) Cotton nall; (a) Salesman, (b) Crocery; should be used only when needed. cases, especially in indus rial employments, it is necesthe first line will 'e sufficient e.g., Farmer or Planter, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion . pplie to sach and every person, irrespective of fulness of variou parenits can be known. cupation is very important, so that the relative health-Statement of Occupation: Precise statement of ocefc., without more precise specification as Day For many occupations a single word or term on As examples: (a) The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as accidental, suicidal, or homicidal, or can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shoek," symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Mcasles; Poisoned by earbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely "Puenperal septicaemia," "Puenperal peritonitis," "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemor stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory ingra, peritonarum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as vulsions," (secon ary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Anaemia" The na-(merely (second-(disease "Con-

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or: 5.

PLACE OF DEATH	STATE OF MARYLAND
County anna armall 3944	CERTIFICATE OF DEATH
Village or City Annapolis (No. 11) 2 FULL NAME Raymond Raft	Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	agril 19 1922 to agril 23 1922.
(Month) (Day), 1912.	that I last saw h m. alive on Afril 22, 1922, and that death occurred on the date stated above, at 7:45 A.m.
7 AGE 3 2	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work. A tatswarms Mate. First class (b) General nature of industry business, or establishment in which employed or (employer).	(Duration)yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary (Durgien), Ayrs,
10 NAME OF FATHER WARNOWN 11 BIRTHPLACE OF FATHER (State or country)	(Signed) Lyle Works M.D. April 23 1922 (Address) H. Maryl Hospital Umapolisms *State the Disease Causing Death, or, in deaths from
(State or country) 12 MAIDEN NAME OF MOTHER A COUNTRY 12 MAIDEN NAME OF MOTHER	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Quantum	At place of death yrs. mos. O. da. In the State, yrs mos. O. da. Where was disease contracted H. H. O. O. O. O. O. O.
(Informant) L. L. HOULETS MY KNOWLEDGE (Address) & Maral Hospital, annapolis Md.	if not at place of death? Is Mary Mary Manual Mary Managolus, Mary Mary Mary Mary Mary Mary Mary Mary
Filed fried 21/1922 from Rectistrar Rectistrar.	B L Hopping amsfoly

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Furmer (reor given up on account of the pisease causing Death gaged in domestic service for wages, as Scrvant, Cook Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House to report specifically the occupations of persons enhousehold only (not paid Houreheepers who receive a on at home, who are engaged in the duties of the laborer, Larm laborer, Laborer-Never return "Labo"er," "Toreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc etc. without more precise specification as Day applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation -Ccal mine, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the piscase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia"):

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under "Puerperal seplicaemia." "Puerperal peritonitis," atc. diseases resulting from childbirth or mlscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" (merely "Uraemia," "Weaknes.," etc., when a definite disease "Dropsy," "Exhaustien," "Heart fallure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma, ary), 10 ds. stated unless important. Example: Measles vulsions," causing death), 29 ds.; Bronchopncumonia use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY (e.g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.) Never report more symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, etc., of The contributory (second-(disease

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important? See instructions on back of certificate. PERMANENT V IS INK---THIS WRITE Ø ż

BINDING

FOR

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11

1 PLACE OF DEATH	STATE OF MARYLAND
County a a 3945	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Lorewood (No. ,)	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on, 192, 192, and that death occurred on the date Mated above, at, m.
7 AGE If LESS than 1 dayhrs. da or min. ?	The CAUSE OF DEATH & was as follows: Mas dead when 3 armses
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) (State or country)	(Duration)
10 NAME OF Jacre Porfon 11 BIRTHPLACE OF FATHER (State or country) May and	(Signed) Sohn Collaboration M.D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place In the of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
(Informant) Serry Klaudall (Address)	if not at place of death? Former or usual residence
Filed Afrie 3. 1922 John Collinson Registrar	20 UNDERTAKER LO W Talko Possesting V S. No. 1
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from whatever, write None. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner; (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Δt without more precise specification as Day Home, and children, not gainfully em-But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Mcdical Association.) quences (e. g., scpsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicaenia." "PUERPERAL peritonitis," State cause diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inauition" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Uraemia," "Weaknes." etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure." conditions, such as "Asthenia," ary), 10 ds. vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignaut neoplasms); (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping (name origin; "Cancer" is less definite; avoid inges. peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menof the injury, as fracture of skull, and conse-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), cough; for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart (Recommendations ou state-Example: Measles "Anaemia" Always qualify all "Coma, "Haemor-Mensics; (merely discase; (disease (secondnot be "Con-

If this certificate is looked over thoroughly and all questions answered in decall, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

m Z PLACE OF DEATH

	PLACE OF DEATH	STATE OF MARYLAND
	andel - 3946	CERTIFICATE OF DEATH
Coun	ly	
		(129) Registration Dist. No. 2.2
Villa	go or City Severy (No.	St.; Ward) [If death occurred to
		a hospital or institution, give its NAME instead
	2 FULL NAME Wilhelming Tonette	of street and number.]
	- FOLL MANIE 4-1	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARKIED, Mr. dans	16 DATE OF DEATH abril 15 1982
Le	male While ORDIVORCED (Write the word)	(Month) (Day) (Year)
1	TE OF BIRTH	17 I, HEREBY CERTIFY, That I attended deceased from
- DA		april 20, 1919, to april 14, 1999
	(Month) (Day) (Year)	that I last saw h landive on april 14th 1952
TAG		and that death occurred on the date stated above, at 8.12 Am.
	2 (// hrs.	The CAUSE OF DEATH * was as follows:
-	8 6 yrs. 4 Res. ds. OR min.?	Chronic Interest hat he shorter
8 00	Trade, profession, or	
par	ticular kind of werk	. '
bus	General nature of industry iness, or establishment in	
Whi	ch employed (or employer)	(Buration) yrs, moa. os.
8 BI	RTHPLACE (State or country)	Secondary Secondary
	dermany	(Duration) yrs mge ds
	10 NAME OF FATHER.	(Signed) RADanmond M. B.
ທ	Marew Free	No 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Z	11 BIRTH PLACE OF FATHER (State or country) Germany	*State the DIREASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL,
PARENTS	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY and (2) whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER anna Abraham	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER 4	OR RECENT RESIDENTS) At place in the
	(State or country) Jermany	of death yrs. mes. ds. State, yrs. mes. ds.
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Fredricka Saluels	Former or
	1 751	usual residence
	(Address) Seven R. J. D	PRIACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1,20	1.a 00 ml + 1027
File	afr 16th, 1922 It Lyones.	20 UNDERTAKER ADDRESS Paca
	1 Defry Local REGISTRAR	JOS JOERDENS & JON BOCK Md
	If more blanks are peeded, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal ming, etc. Women at home, who are engaged in is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. The material worked on may form part of the second statement. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective Statement of Occupation-Precise statement of occupamany occupations a single word or term on the (a) Salesman, (b) Grocery; (a) Foreman, Compositor, Architect, various pursuits can be known. The question very important, so that the relative healthful-For persons who have no occupation whatever Never return Locomotive engineer, If retired from "Laborer," (b) Autoof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar indefinite); Tuberculosis of lungs, meningualified. is indefinite);

YAM

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated genital," "Senile," etc.), Drups, "Maras-"Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," mus," "Old Age," "Shock," "Inanition," "Weakness," mus," "Old Age," "Shock," "Inanition," "Maras-" head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or momicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drawning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenpehal septichaemia," cause. "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 de.; Broncough; Chronic valvular heart disease; Chronic interstitial rent) affection need not be stated unless nephritis, etc. "Tumor" for mulignant neoplasms); Meastes; Whooping Always qualify all diseases resulting from child-"Coma," "Convulsions," The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which "Debility" "Atrophy," mound ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondcr. All the data is essential and must be obtained before the certificate is permanently filed. BINDING

FOR

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No. 1.

vi.

PLACE OF DEATH	STATE OF MARYLAND
Countylinne Urundel 3947	CERTIFICATE OF DEATH
Village of City Dandy Side No.	Registration Dist. No.
2 FULL NAME Stillfrith	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fem Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH (Month) (Day) (Vear)	that I last saw h
7 AGE If LESS than I dayhrs. 8 OCCUPATION RESEARCH OF THE PROPERTY OF TH	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidai or Homicidal.
of MOTHER Jarah Matthews 13 BIRTHPLACE OF MOTHER (State or country) Md	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place of death yrs. mos da. lnthe State,
(Informant) (Informant)	Where was disease contracted, if not at place of death? Former or usual residence.
Filed ahr 24 1922 Gert. Deut	Scott Cinality ADDRESS
If more blanks are needed, address State Registrar.	Meherd. J'est Thedy Side 16 W. Saratoga St., Balto,, Requesting V. S. No. 12

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, whatever, write None. tircd 6 yrs.). Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the taborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used, only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,") Löbar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or "Puerperal scpilcacmia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as train-accident; Revolver wound of head-homicide; State cause for which surgical operation was underean be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," condition; such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal Poisoned by carbolic acid-probably suicidc. "Uraemia," "Weaknes:," etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure." "Haemorstated unless important. vulsions,** causing death), 29 ds.; Bronchopncumonia (second-Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Mcasles Always qualify all The na-(disease "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	STATE OF MARYLAND
	anne arudel. 2048	CERTIFICATE OF DEATH
	0020	Registration Dist. No.
37:1	lage or City Edgerater (No.	
VII	lage of City (No,	St.; Ward) (If death occurred in a hospital or institu-
	2 FULL NAME Lingie Baldure	tlon, give its NAME instead of street nul number.)
-	67	1
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE 5 STAGLE, MARRIED, MARRIED,	16 DATE OF DEATH 4 9 1522
	WIDOWED (Write the word)	(Mouth) (Day) (Year)
6 T	PATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	apris Sett 11 211	
	(Month) (Day) (Year)	that I last saw h & alive on
7 A	If LESS than	and that death occurred on the date stated above, at
	61 6 1 dayhrs.	The CAUSE OF DEATH & was as follows:
8 0	ccupation mosds.lor min. ?	The fact of
(a) Trade, profession or Articular kind of work.	
\times_0	b) General nature of industry	
	vusiness, or establishment in rhich employed or (employer)	(Duration) yrsde,
9 B	IRTHPLACE (State or country)	Secondary Contributory Description
	Maryland Trine Je	(Duration) yrsmos da.
	10 NAME OF FATHER ASS. CO. B. C. D.	(Signed) M. D.
(n)	11 BIRTHPLACE	4-9 (Address) Unsuff
RENTS	OF FATHER (State or country) Marieland fruite for	State the Disease Causing Death, or, on deaths from Violent Causes, state (1) Means of Injury; and (2) whether
AR	12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.
D	Lizza Bildwin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place In the of death yrs. mos. da. State, yrs. mos. da.
14 7	THE ABOVE IS TRUE TO THE DEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	that Property	Former or
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) 2(6 8 - 2 &	Offer of a for 60 to lotte 9 14
15	26:00 2 10 2 M	20 UNDERTAKOR ADDRESS
	Filed 1922 The Registrar	12 7 2/18 amopolin
	more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	/ The state of the	10 W. Saratoga St., Batto., Requesting V. S. No. L.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken to report specifically the occupations work, or At Home, and children, definite salary), may be entered a. Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ceal mine, etc. Wom-Never return "Laborer," "Toreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation -- Precise statement of oc For many occupations a single word or term on without more precise specification as Day not gainfully em-As examples: (a) of persons en-But The material in many

Statement of Cause of Death—Name, first, the presence of Death—Name, first, the presence of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) head of "contributory." ment of cause of death approved by Committee on quences ture of the injury, as fracture of skull, and conse Examples: as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or Poisoned by earbolic acid-probably suicide. The nadiseases resulting from childbirth or miscarriage as State cause "Puerperal septicaemia," "Puerperal peritonitis," can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemor vulsious," symptomatic), "Atrophy," "Collapse," conditions, ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men Whooping (name origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; (e. g., sepsis, tetanus) may be stated under the FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway such as "Asthenia," "Anaemia" cough; for which surgical operation was under Chronic valvular heart discase; (Recommendations on state-Example: Mcasles Always qualify ali "Coma," (merely (dlscase (secondnot be

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MAY 8 1922 BUREAU V. S

	PLACE OF DEAT	TH.	STATE OF MARYLAND
C	County Anne Arun	3949	CERTIFICATE OF DEATH
		0020	Registration Dist. No.
Vill	lage or City Crown	sville State Hospital	a hospital or institu- tion, give its NAME in-
	² FULL NAME	Alexander Sommer	ville number.)
	PERSONAL AND S	TATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	sex 4 color of the Colore	or race 5 single, Married widowed or Divorceb (Write the word)	April 6 (Month) (Day), 192 2 (Year)
6 D	PATE OF BIRTH	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from April 4, 192 2 to April 6, 192 2, that I lest sew h imalive on April 5, 192 2,
7 AC	GE 62.	If LESS than	and that death occurred on the date stated above, at 6.20am. The CAUSE OF DEATH & was as follows: Cerebral Arteriosclerosis
A P	b) General nature of indus usiness, or establishment which employed or (emplo IRTHPLACE (State or country)	1	(Duration) ,yrs. 3 mos. 0 de.
	10 NAME OF FATHER	Unknown	(Signed) Mitted wa
ARENTS		Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER	Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPIACE OF MOTHER (State or country)	- =====================================	ients, or Recent Residents) At place of deeth yrs. mos. 2 da. Stote, here was disease contracted, IImlan Own
14 7		o the Best of My Knowledge ospital Records	if not et plece of deeth? UIIAH OWH
15 F	(Address)		19 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 19 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 10 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 10 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 10 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 10 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 10 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 10 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 10 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 10 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 10 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 10 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 10 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 11 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 120 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 120 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 120 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL 120 PLACE OF BURIAL OR DEMOVAL STE OF BURIAL S
	If more blan	ks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

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(Approved by U. S. Census and American Public Health, Association.)

Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronehopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; vulsions," Chronic interstitial nephritis, etc. The contributory inges, perilonarum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart "Debility" ("Congenital," "Senile," etc.), Example: Measles (disease discase; (merely (second-

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PINDING

RESERVED

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

.. Ward)

(If denth occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

-	
	MEDICAL CERTIFICATE OF DEATH
7	16 DATE OF DEATH
	Epul Fe 1822
e	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
y	
)	1924 to Taul 31 , 1922_
	that I last saw h 1 alive on Eto 1 28, 1924
	and that death occurred on the date stated above, at
1	The CAUSE OF DEATH & was as follows:
	Through Sulingleha Mets -
	mour rundena -
	Lutio
	(Duration)yrs. H mos. ds.
•	Contributory
H	
	(Duration)yrsmos de.
	(Signed formant o graphen M.D.
	CX . 0 = 2M . /g
	You De 1927 (Address) Cles of
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
	Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	lents, or Recent Residents)
	At place of death yrs mosda. In the State, yrs mosda.
	Where was disease contracted, if not at place of death?
	Former or
	usual residence.
	19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
	m. o mali Maria
	Mary 10012 11/41/2 1922
1	20 UNDERTAKER ADDRESS
1	1/10 m S/2.

(Approved by U. S. Ceusus and American Public Health Association.)

definite salary), may be entered as Housewife, Housetired 6 yers.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, household only (not pald Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken laborer, Farm laborer, Laborererg, etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form part of the second statement. (a) Poreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., scpsis, tetanus) may be stated under the ture of the injury. as fracture of skull, and conse-Poisoned by carbol'e acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS state MEANS OF INJURY State cause "Puerperal septicaemic." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes." ctc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Hacmorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing denth), 29 ds.; Bronchopncumonia stated unless important. vulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be -accident; Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.) for which surgical operation was under-Never report mere symptoms or terminal (Recommendations on state-Example: Mcastes (disease Always qualify all "Coma," (merely (second-

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AN 8 1922 BUTTO V.

If more blanks are needed, address State Registrar,

Safatoga St., Balto, Requesting

BINDING

(Approved by U. S. Census and American Public Health Association.)

"household only" (not paid Housekeepers who receive a Whatever, write None. tired 6 yrs.). For persons who have no occupation laborer, Farm laborer, Laborer-Coal mine, etc. Wombusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook. to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or Industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc etc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

Statement of Cause of Death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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head of "contributory." quences (e. g., scpsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or isomicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal schlicaemic," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid vulsions," Chronic interstitial nophritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; "Debility" ("Congenital," "Senile," etc.) Chronic valvular heart disease; (Recommendations on state-Example: Mcasles (disease "Anaemia" "Coma," (second (merely

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County properly classified. of certificate. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE. WIDOWED (Dag (Month) OR DIVORCED (Write the word) I HEREBY CERTIFY. That Lattended the deceased from BINDING (Month) (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: day.....hrs. OCCUPATION (a) Trade, profession or particular kind of workë (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ENTS mation s OAUSE 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or in deaths from (State or country) Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of death yrs. mos..... da. State,.....da. (State or country 7 Where was disease contracted, n if not at place of death?... shoi Former or usual residence. Every its CIANS statements ATE OF BURIAL ADDRESS Filed

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

UCSEMPSON

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISTASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a cu at home, who are engaged in the duties of the Raborer, Farm laborer, Laborer whatever, write None. er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parauits can be known. The quescupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc 6 yrs.). For persons who have engineer, Stationary fremen, etc. For many occupations a single word or or At Home, and children, not gainfully cmoccupations of persons -Coal minc, etc. Wom As examples: (a) no occupation But The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosping fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"). Typhaid fever (never report "Typhoid pneumonia, Bronchopneumonia ("Pucumonia).

ment of cause of death approved by Committee on head of Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF rhage," "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," use of "Tumer" for malignant neoplasms); inges, peritonaum, etc., Carcinoma, Sarcoma, etc.. of unqualified, is indefinite); Tuberculosis of lungs, men ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Dropsy," "Exhanstion," "Heart failure." "Haemor vulsions," ary), 10 ds. causing death), 29 ds.: Bronchopneumonic stated unless important. Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid "Puerperal scoticuemia." "Puerperal peritonitis," "Uraemia," "Weakness." etc., when a definite disease (secondary or intercurrent) affection need Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURIE "contributory." "Debility" ("Congenital," "Senile," etc.). Never report mere symptoms or Chronic valvulur heart disease; (Recommendations on state-Example: Measles "Anacmia" -homicide; The naterminal Meastes; (second-(disease (merciy not be etc.

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MAY 8 1922 TARAU V. S. FOR

AGIN RESERVED

No. vi

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	PLACE OF DEAT	гн	3953	STATE OF MARYLAND
Co	unty Anne Aru	ndel	37-	CERTIFICATE OF DEATH
				Registration Dist. No.
/illa			State Hospita	St.; Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
-	PERSONAL AND S	TATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s sr	emale Color of Color	red o	NGLE, Single ARRIED, Single THOWED TO SUVORCED Vitte the word)	April 7 (Month) (Day), 162
6 DATE OF BIRTH			November 29, 1920, to April 7, 192	
	MATTER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Unknov (Month)	(Day), 1 905	that I last saw her alive on April 7 , 1922
AGI	17yrs	unknov	If LESS than I dayhrs.	and that death occurred on the date stated above, at 9
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). BIRTHPLACE (State or country) Maryland			Contributory Secondary	
	10 NAME OF FATHER	Unknown	1	(Signed) WITH TIME TO M.
Z .	11 BIRTHPLACE OF FATHER (State or country)	Unknown		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
PAR	12 MAIDEN NAME OF MOTHER	Unknown	1	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents)
THE STATE OF	13 BIRTHPLACE OF MOTHER (State or country)	Unknown		At place of death 1 yrs. 4 mos. 8. da. In the State, Lifemosda
TI	E ABOVE IS TRUE TO			Where was disease contracted, if not at place of death?
(Informant) HOS	pital Re	cords	Fermer or usual residence St. Mary's County
	(Address)		S	Feters Cometen 4-9", 19 30
	4-9"	2 0T.M.	11/-01/	20 UNDERTAKER ADDRESS

REVISED UNITED ERTIFICATE STATES OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the eccupation has been changed whatever, write None. business, that fact may be indicated thus: state occupation at beginning of illness. If retired from or given up on account of the disease causing beath, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the er," etc., without more precise specification as Day nature of the business or industry, and therefore an laborer, Farm laborer, Laborer-Ccal mine, etc. Wom-Never return "Laborer," "Fereman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer, or Planter, Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-Foreman, (b) Automobile factory. The material 6 yrs.). For persons who have no For many occupations a single word or dutics of the Earmer (reoccupation

Typhoid fever (never rel spinal meningitis"); Diphilaria (av ed term for the same dis to time and causation), EASE CAUSING DEATH (the Statement of Cause of pncumonia, Bronc dpneumonia orten proposite propunction :): th-Name (thist, the bis-Ramples: Other (aval Epideni use as Pheumonia, te acceptbro.p nal (roup"); eerebro

> and qualify as accidental, suicidal, or modicidal, or "PUERVERAL seplicaemia." "PUERPERAL peritonitis," etc. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weeknes:," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ctc.), conditions, such as "Asthenia," "Anaemia" Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway ean be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure." "Haemorary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" is less definite; avoid inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (Recommendations on state-The contributory (disease (merely (secondnot be

If this cortificate is 12-ked over thoroughly and all questions answered in de all, it all prevent further correspondence. Ill the data Sessential and must be obtained before the certificate is 12-manually ided.

21-DATE 9-27-22

N B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC BNOND FOR RESERVED MARGIN WRI V. 8. No. L.

County anna Countel Co. 395	CERTIFICATE OF DEATH Registration Dist. No. 2/
Village or City Steward (No. 2 FULL NAME) Or Effe May	St; Ward) a hospilel or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Plante 5 SINGLE MARRIED, Millower OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CENTIFY, That I attended deceased from
6 DATE OF BIRTH April 19 46 (Month) (Month) (Year)	+-15-, 1988, to Y-16, 1975, that I last saw h alive on Y-16, 1942,
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 10 m. The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	Complication
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Learn and	Contributory Ur decide Secondary
10 NAME OF FATHER MATERIAL	(Signed) Clother F. Berney M. B. 1882 (Address) 2000 Europe D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OTHER	*State the DIREASE CAUSINO DEATH, OF, in deaths from Violent CAUSES, State (I) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place of death
(Informant) GEORGE Magner- (Address) Glenbarnin Md.	Former er usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4 - 19 2 2
Filed / 8. 1912 a Thomas H Brayo haw Leptor REGISTRAR	20 UNDERTAKER Harle 115 8 Mest fy-
If more bianks are needed address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, write None Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Heusework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties, of the household only (not paid Housekeepers presise specification as Day laborer, Verm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Deuler." etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in But in many cases, (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to-time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,", "nqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, mus, head-homicide; Poisoned by carbolic acid-probably Struck state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anacinia" (inerely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" "PUERPERAL peritonitis," etc. birth or misearriage cause. genital," "Senile," etc.), "Dropsy," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercur cough; Chronic valvular heart disease; Chronic interstitial ges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Maras symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver wound Always qualify all diseases resulting from child as "Puenpenal schieharma, State cause for which Never "Exhaustion," report mere ("Con-

If this certificate is looked over thoroughly and all queetions answered in defail, it will prevent firther correspond tence. All the data is executal and must be obtained before the certificate is permanently flied.

the certificate is permanently filed.

c Letters

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ciassifi St Ward) (If death occurred in hospital or institution, give its NAME instead of street and ² FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Month) (Day) (Write the word) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH instruction that I last saw h &. . . alive on ... (Month) (Day (Year) and that death occurred on the date stated above, at 10. 30. U.m. 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. termiyrs.....yrs......mos.......ds..or.....min.? OCCUPATION (a) Trade, profession or ain particular kind of work..... (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) 4 ery 10 NAME OF FATHER 0 (Address) allan 山之 H BIRTHPLACE Les OF FATHER *State the Disease Causing Death, or, in deaths from EN (State or country) Violent Causes, state (1) Means of Injury; and (2) whether state OAU Accidental, Suicidal or Homicidal, 00 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER 0 of death 2 (State or country) shoul Where was disease contracted. if not at place of death? usual residence. Every it CIANS Stateme PLACE OF BURIAL OR REMOVAL . THE OF BURIAL Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

RESERVED

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseto report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc.. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of eupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation-Preeise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); piphoid fever (never report "Typhoid pneumonia"); Lodur pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the and qualify as accidental, suicidal, or homicidal, or Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. "Puerperal sephicaemic," "Puerperal peritonitis," etc. diseases resulting from childblrth or misearriage as ean be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mcastes (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; (name origin; "Caneer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Measles; (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County 3956	Registration Dist. No. 2
Village or City (No. 2007) 2' 2 FULL NAME Jufau	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), 14>2	that I last aaw h alive on , 192 , and that death occurred on the date atated above, at , me
7 AGE If LESS than I dayhrs. O. mos. ds. or min. ?	The CAUSE OF DEATH & was an follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	(Duration) yrs mos de. Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY-KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs mos da. State, yrs mos da. Where was disease contracted, if not at place of death?
(Informant) Percy Whetheren (Address) The state of the st	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Date OF BURIAL Agriculture of the control of the
Filed Africal 1922 Sha Collars Registrar If more blanks are needed, address State Registrar.	20 UNDERTAKER Lee U tellustas Hawood Md, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Heaith Association.)

fulness of various pursuits can be known. The quesworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter or given up ou account of the disease causing death, laborer, Farm laborer, Laborer-Coal minc, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tiou applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman, (b) Groeery; should be used only when needed. As examples: (a) tired 6 yrs.). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enpioyed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., (a) Foreman, (b) Automobile factory. The material whatever, write None. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> conditions, such as "Astheuia," "Anaemia" inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men ment of cause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. causing death), 29 ds.; Bronehopneumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway Whooping cough; Chronic valvular heart FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Example: Measles (disease (merely (second-

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PLACE OF DEATH County A 3957	STATE OF MARYLAND CERTIFICATE OF DEATH
0.180 100	Registration Dist. No.
2 FULL NAME Thomas &	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWEID OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) , 1(22 (Year) 17 I HEREBY CERTIFY. That I attended the decreased from
Seh 29 864	that I last saw home alive on Africal 19. 1922,
7 AGE (Month) (Day) (Year) If LESS then 1 dayhrs. ormin.?	and that death occurred on the date stated above, at 830 m. The CAUSE OF DEATH it was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Kent ca and	Contributory Secondary (Duration), Jyrs. mos. da
10 NAME OF William P Wilmer	(Signed) Murph M. B.
11 BIRTHPLACE OF FATHER (State or country) Keut co md 12 MAIDEN NAME CONTROL OF MOTHER	State the Disease Causing Death, or, it deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Eligabeth Slewer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place In the
14 THE ABOVE IS-TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos. da. State, yrs. mos. de. Where was disease contracted, if not at place of death?
(Informant Plange Rogers	Former or usual residence.
(Address) West annopper m	LANGINE Centley Chil 22 1922
Filed Grand 192 2 France Fredstrift	B Happing amapolin
more blanks are needed, address State Registrar.	16 W. Saratoga St., Boto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer,"- erc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary faremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthfulness of various parsnils can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation As examples: (a) therefore an

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cercbrospinal feter* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) head of "contributory." quences ture of the injury, as fracture of skull, and conse ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The naand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause "Puerperal schicaemia:""Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes: " etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" use of "Tumor" for malignant neoplasms); Measles; vulsions," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-Carcinoma, Sarcoma, etc., of (merely (second-

1

1 PLACE OF DEATH 395	8 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Amofols (No. 48 for 2)	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- siead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Charles (Month) (Day), 152 (Month) (Day), (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	192, to
Unknowing	that I last saw halive on, 192
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, atm
about 38 I day hrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or	June hukorr - found de
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) (a. C. Wold	Contributory Secondary (Duration)yrs,mosda
10 NAME OF HALLIAM	(Signed) M. S. Sleet Corone M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal.
12 MAIDEN NAME OF MOTHER MURLINGTON	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Mulium	At place of death yrs mos da. State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mes Vuguna Daves	Førmer or usual residence.
(Address) Chungash Wd	19 PLACE OF BURIAL OR REMOVAL EATE OF BURIAL Shewer Hell Chulh (19 2)
Filed fiel 2/1922 Joseph C. Josephar	Jan Cor Sons abbress
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvent, Cook to report specifically the occupations of persons enployed, as At school or At Lome. Care should be taken definite salary), may be entered a. Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery, additional line is provided for the latter statement; it worked on may form part of the second statement should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer (a) Foreman, (b) Automobile factory. Civil engineer, Stationary foremen, etc. But in many the first line will be sufficient, e. g., Fermer or Planter, fulness of various parsuits can be known. cupation is very important, to that the relative health-Statement of Occupation -- Precise statement of ocapplies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on M.8.). without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-As examples: (a) The material The ques-

Statement of Cause of Doath -Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation). Using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbol's acid-probably suicide. as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or Examples: State cause for which surgical operation was under "Puerperal seplicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as Nomenclature of the American Medical Association.) can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" "Uraemia," "Weaknes." etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure," "Haemor stated unless important. vulsions," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Whooping -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway cough; Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Mcasles Always qualify all The contributory "Coma," The na-Mcastes; (merely (second-(disease

If this certificate is looked over thoroughly and all questions of twelved in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

of certificate

back

instructions

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the birease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as it school or all hame. Care should be taken definite salary), may be entered a en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, Furm taborer, Laborer Never return "Labover," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mitt; (d) Satesman, (b) Grocery, nature of the business or industry, and (a) Foreman, (b) Automobite factory. should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health report specifically the occupations of persous en-Statement of Occupation-Precise statement of oc etc., OI. For many occupations a single word or term on At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-Housewife, House. As champles: (a) The material therefore an The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid pneumonia") Lobar pneumonia, Bronchopneumonia ("Pneumonia")

ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accedental, suicidal, or Homicidal, or taken. For violent deaths state means of injury diseases resulting from childbirth or misearriage as State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. "Uraemia," "Weaknes ." etc., when a definite disease vulsions," causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. (mame origin; "Cancer" is less definite; avoid inges, peritonacum, etc., (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men--accident; Revolver wound of head-homicide; "contributory." "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; Never report mere symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Mcaslcs Always qualify all failure," "Hacmor-The contributory "Coma," The na-(merely (second-(dlsease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence... If the data is essential and must be obtained before the verticate is permanently fied.